

Temporary Staff Accommodations (TSA) Application Form

TSA Overview

Temporary Staff Accommodations (TSA) can be accessed by the following two groups:

1. Staff, medical staff who are working **in active COVID-19 patient care**; and/or,
2. Staff who do not provide patient care but are assigned to a **key COVID-19 response role**, and may not have time to safely commute to and from work every day.

If the above two categories do not apply to you, but you would still like to access temporary accommodation, please consider our Self-Paid TSA Program which provides a list of local hotels offering a range of options which you can access at a significant NH discount during the COVID response.

Please note that accommodation type varies. We are working with partner hotels and will do our best to pair you with an appropriate accommodation. It is our intention to provide accommodation with a kitchen for all stays longer than three nights as long as supply permits.

Application Instructions

Please complete all of the requested information below. To expedite this process, you are not required to get manager sign-off on your application, but we do require that your manager (for staff) or department head (for physicians) is made aware of your request.

Once you have completed this application form, your information will be uploaded into our database. For any subsequent requests, please resubmit the form. Requests can be emailed to NHA-BD-TemporaryHousing@NorthernHealth.ca

APPLICATION

Please complete all sections in full. Any incomplete information will result in delays. Applications received after 4 p.m. may be processed the following day.

PART 1 – YOUR INFORMATION - Please submit typewritten applications or use block letters only

Full Name:		Preferred Email:			
Role/Title:		Mobile Phone Number:		Employee #:	
Unit or Department:		Working Site(s):			
Manager Name (staff):		Department Head (physicians):			

I confirm that my manager or department head (as applicable) is aware of this TSA request (if no, please confirm before submitting): Yes No

Please check all that apply related to your TSA request:

<input type="checkbox"/>	I am applying for paid TSA
<input type="checkbox"/>	I am currently working in active COVID patient care
<input type="checkbox"/>	I am currently working in a key COVID response role without adequate time to travel safety to/from home between shifts
<input type="checkbox"/>	Other. Please explain:

If you only want information on Self-Paid TSA please refer to the COVID website for a list of options (coming soon) or contact the email below

Please let us know your preference for accommodation duration:

<input type="checkbox"/>	I require single night accommodation (1 – 2 nights)
<input type="checkbox"/>	I require weekly (5-7 Nights) accommodation
<input type="checkbox"/>	Other (Please Specify):

What dates and times do you need accommodation?

Check-in Date:		I will check in at approx.:	0000 HRS
Check-out Date:		I will check out at approx: <i>*Please note if you require late checkout, e.g. working night shift and need to sleep during the day</i>	0000 HRS

Applicant agreement:

I agree to inform TSA Admin at the email below if I need to vacate the accommodation prior to agreed check-out date:

Yes No

Applicant Signature:	Date of Agreement:
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Please submit your completed form or any related enquiries to the Business Development team at: NHA-BD-TemporaryHousing@NorthernHealth.ca

We thank you for your application, and will respond by days end.

We are not able to process your application unless all requested information is provided.