



Hay River Health & Social Services Authority | Administration des services de
santé et des services sociaux de Hay River
37911 MacKenzie Highway | 37911, route MacKenzie
Hay River, NT X0E 0R6

Hay River Health and Social Services Authority
FRIENDS AND FAMILY TRAVEL PROGRAM
APPLICATION FORM

	Employee First and Last Name		Employee Title		Employee ID #
	Email Address		Cell / Phone Number		Expected Dates of Travel
	Supervisor First and Last Name		Supervisor Title		Email Address

Required Criteria

All below criteria are met:

- ☐ Applicant is an indeterminate, term, or casual front-line nurse practitioner, or registered nurse providing direct patient care; or a permanent or locum physician.
- ☐ Applicant is providing direct patient care within the NTHSSA between December 20, 2025, and January 4, 2026, inclusive, for a minimum of five full, regular shifts, as detailed in the program guidelines.

The information listed on this form is accurate to the best of our knowledge. Further, we understand that it is our responsibility to ensure that should the information change, we will notify [Abena Nyarko@gov.nt.ca](mailto:Abena.Nyarko@gov.nt.ca) immediately.

Employee Signature

Date

Supervisor Signature

Date

Chief Executive Officer

Date

Please submit application form to [Abena Nyarko@gov.nt.ca](mailto:Abena.Nyarko@gov.nt.ca)

The information in this form is being collected in support of your application to the Friends and Family Travel Program. It is protected by the privacy provisions of the Access to Information and Protection of Privacy Act (ATIPP). If you have any questions about collection or use of the information, please contact the Abena Nyarko at (867) 874-8330



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APPLICATION FORM INSTRUCTIONS

1. Employee to include their First and Last Name and title.
2. Employee to provide their employee ID #, if unsure of your ID please contact Chiedza_Mudedede@gov.nt.ca; if you are a Locum please write LOCUM in the employee ID box.
3. Employee to include contact information of email and phone number.
4. Employee to specify expected date of travel of Friends and Family.
5. Employee to provide Direct Supervisor first and last name, title, and email.
6. Employee to sign the form and provide to supervisor for their signature and confirmation of eligibility.
7. Supervisor is responsible for ensuring that employee meets the eligibility requirements and must tick off the required criteria, back up is not required.
8. If employee is not eligible the Supervisor will return the form to employee and provide the reasoning why the employee is not eligible.
9. After confirming that employee meets the eligibility criteria the Supervisor will sign the form and forward to the Chief Executive Officer.
10. The CEO or Director of Finance will sign and return the form to the supervisor.
11. Supervisor will return the form to the employee.
12. Employee will submit form to Abena_Nyarko@gov.nt.ca and keep a copy to be included with their Claim form.
13. **The deadline to submit completed applications is December 18, 2025 at 11:59pm MST.**
Applications received after this time will not be considered.
14. Employee is responsible for arranging travel by air or privately owned vehicle, employee to ensure that if by air they ensure they have the appropriate travel invoice showing flights, dates and total costs and they are unable to claim more than two individuals or two vehicles.