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No

Application Form

CHNIG Professional Development Bursary

To Attend the 13th National Community Health Nurses of Canada Conference June 26-28, 2018, Regina, Saskatchewan

Title (circle one):	Mr.	Miss	Ms.	Mrs.	Dr.	Other:	
Last Name:		First Name:					
Street:							
City:		P	rovince:		Ро	stal Code:	
Phone number (with	area co	de): Hor	ne		V	Vork	
		Ot	her				
Email:							
Status (circle one):	Registered Nurse			Undergraduate Nursing Student			
RNAO Registration N	umber:						
How long have you b	een a n	nember o	of CHNIG	? (incluc	le dates):	
Current Employer, ar	ea of pi	ractice, p	osition, I	ole:			
Have you attended th	e CHN	C Nation	al Confer	ence in t	the past	:? (circle one) Yes	
If YES, provide the ye	ear(s):						

Are you presenting at this year's conference? (circle one) Yes

Please provide a brief personal summary with your application (<500 words)

Criteria for the personal summary includes:

- **1.** RN with a minimum two year membership in CHNIG or a student with a minimum one year membership.
- 2. Evidence of involvement (past/present) in your professional association(s) (CHNIG, RNAO, CHNC etc.).
- **3.** Please provide a paragraph outlining your professional objectives in attending the CHNC Conference.
- ANTICIPATED EXPENSES: Provide an itemized list and description of anticipated expenses (i.e., mileage by car, cost of GO train/plane, meals, hotel, etc.). Winners will complete this paperwork within a month of the Conference or forfeit the bursary.

Budget Template	
ANTICIPATED EXPENSES: Provide detailed description, including itemized list, calculation and justification.	Amount
TOTAL AMOUNT	

- **5.** Strategies to share learning from the Conference with others (e.g. nursing colleagues, students, other health care professionals, etc.).
- **6.** Please add the following to your document: "I certify that all information contained in this application is true and accurate," followed by the date and your signature.

Please send completed applications by **Friday**, **March 30th**, **2018** @**11:59 p.m.** to <u>MemberBenefits@CHNIG.org</u>.

- 7. Successful applicants will be notified by Friday, April 13th, 2018.
- 8. Applicants will be required to complete a Conditions of Acceptance form upon notification.

Please note: Preference will be given to those who have NOT BEEN previously funded or those seeking funding for the first time.