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**Nursing Students**

**Apply to be a Student Affiliate on the Community Health Nurses’ Initiatives Group!**

The Community Health Nurses' Initiatives Group (CHNIG), an interest group of the Registered Nurses' Association of Ontario (RNAO), has its mission to act as the voice of Community Health Nurses influencing the health care system and health and social policy in areas which affect the work of Community Health Nurses and the public we serve.

CHNIG would like to invite applications from Nursing Students to become affiliate members of the Community Health Nurses’ Initiatives Group Board of Directors.

**Why become involved as a nursing student?**

* Provide student's perspective on issues.
* Promote CHNIG and RNAO's perspectives as well as community health nursing links, resources and awards to peers in nursing programs. Identify community, home health nursing and student education issues.
* Network with other student nursing associations, especially the Ontario Regional Director of the Canadian Nursing Students Association (CNSA) and the Provincial Nursing Students Interest Group (Nursing Students of Ontario- NSO) on a regular basis.
* Contribute to the overall goals of CHNIG and RNAO where possible.

**Application:**

Complete an **Application Form** and attach a **Letter of Intent** responding to the following:

1. Tell us a bit about yourself and/or involvement in community health or advocacy;
2. What does community health nursing mean to you;
3. What contributions do you believe you could make to the CHNIG Board or what would you like to gain from the Board;
4. Why you wish to become an affiliate member of the CHNIG Board of Directors.

**Both Documents** need to be emailed to [President@CHNIG.org](mailto:President@CHNIG.org) by **Friday, April 13th, 2018.**

All applicants will be notified of the successful applicants by **Saturday, April 21st, 2018.**

**Student Affiliate Application Form**

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| --- | --- |
| Name |  |
| Address |  |
| Email Address |  |
| Nursing School  Name  Address  Date Started |  |
| Level  1st year of 4 years  1st year of 2 year accelerated program |  |
| RNAO Number |  |
| Date joined CHNIG |  |

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**Letter of Intent**

Please respond to the questions listed above in 1-2 pages, single spaced.