

## Application Form

### CHNIG Professional Development Bursary

To Attend the Annual 2018 RNAO and CHNIG Annual AGMs

Thursday, April 19<sup>th</sup> – Saturday, April 21<sup>st</sup>, 2018

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**Title (circle one):** Mr. Miss Ms. Mrs. Dr. Other:

**Last Name:**

**First Name:**

**Street:**

**City:**

**Province:**

**Postal Code:**

**Phone number (with area code):** Home

Work

Other

**Email:**

**Position (circle one):** Registered Nurse

Undergraduate Nursing Student

**RNAO Registration Number:**

**How long have you been a member of CHNIG? (include dates):**

**Current Employer, area of practice, position, role:**

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

**Criteria for 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 AGMs.
4. **ANTICIPATED EXPENSES:** Provide an itemized list and description of anticipated expenses (i.e., mileage by car, price for GO train, hotel, meals, etc.). Use the budget template below. Winners will complete this paperwork within a month of the Conference or forfeit the bursary.

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

5. Strategies to share learning from the meetings 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.
7. Please send completed applications by **Tuesday, April 17<sup>th</sup>, 2018 @11:59 p.m.** to [MemberBenefits@CHNIG.org](mailto:MemberBenefits@CHNIG.org).
8. **Applicants will be required to sign 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.