



Community Health Nurses' Initiatives Group (CHNIG) Education Award 2019

Deadline

The deadline for all supporting documents is **March 1, 2019 at 5:00PM.**

The successful recipient will be announced and presented with a \$1000.00 award at the CHNIG Annual General Meeting. Applicants will be notified by March 25, 2019.

Eligibility

This award will be given to a community health nurse who demonstrates excellence and dedication to the pursuit of advanced education that contributes to community health nursing.

The nominee must be:

- A registered nurse in good standing with the College of Nurses of Ontario
- A member of the Community Health Nurses Initiatives Group (CHNIG) for a minimum of three years. (Confirmation letter or e-mail to establish membership in CHNIG is required).

Application Process

The following documents are required:

- Confirmation letter from RNAO of CHNIG membership: minimum of three years
- The nominee's curriculum vitae (CV): Please see guidelines below*
- A one-page summary of biographical information: Please outline the purpose for undertaking the particular program of study or continuing education, and how your practice of community nursing will be enhanced.
- Two reference letters from individuals at separate organizations (employment or association). The references should be able to evaluate your commitment to community health nursing through professional development or advanced education relevant to community health nursing

*CV format – 3 Page Limit

- Professional Work (including community health experience) and Educational Background
- Formal and informal community-based activities that may include but are not limited to: professional development, leading workshops through work or an association, volunteer activities such as community health nurse conference planning or abstract reviewing, participation in projects or reports, collaboration on research, or any contributions to community health nursing
- Professional Memberships

Applications should be emailed to: ResearchEducationPD@CHNIG.org



**CHNIG Education Award 2019
APPLICATION FORM**

Full Name:	
Mailing Address:	
City, Postal Code:	
Phone (Work):	
Phone (Cell):	
Email:	
CNO registration #:	
RNAO registration #:	
Number of years of membership in CHNIG:	
Program in which enrolled:	
Expected completion date:	
Faculty Advisor (if applicable):	

Previous recipient of CHNIG Award: No Yes

Have you received funds from other sources (bursaries or awards)? No Yes

If yes, please specify name(s) of source(s), and amount received:

Funding Source		\$	
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Checklist of documents attached:

- Confirmation letter or proof of RNAO membership
- Nominee's CV
- One-page summary of biographical information
- Two letters of reference

APPLICATION VERIFICATION

The information I have provided is accurate.

Signature of applicant:	
Date of submission:	

ATTENTION: The applicant is responsible for ensuring that all supporting documents are received by the deadline date and time to the email listed above. Incomplete or late applications will not be reviewed in this competition.