



Application Form

CHNIG Professional Development Bursary

To Attend the Annual 2019 RNAO and CHNIG Annual AGMs

Last Name:

First Name:

Street:

City:

Province:

Postal Code:

Phone number: Home

Work

Cell

Email:

Please check one: Registered Nurse

Undergraduate Nursing Student

RNAO Registration Number:

How long have you been a member of CHNIG?

Current Employer, area of practice, position, role:

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

Criteria for the personal summary include:

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. A paragraph outlining your professional objectives in attending the AGMs.
4. ANTICIPATED EXPENSES: Provide itemized list and description of anticipated expenses. (mileage by car, go train, hotel etc.). **Use the budget template below.**

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

5. Strategies to share learning from the meetings with others. (eg. 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”. Date and Signature.
7. Please send completed applications by **March 1, 2019 by 5:00PM** to ResearchEducationPD@CHNIG.org

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