

Application Form

CHNIG Professional Development Bursary

To Attend the Annual 2024 RNAO and CHNIG Annual AGMs

First and last Name:

Street:

City:

Province:

Postal Code:

Phone number (with area code):

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:

A. Criteria to attend the RNAO and CHNIG AGMs include:

1. Proof for a minimum **one** year membership in CHNIG.
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. A 500 words or less summary of strategies to share learning from the meetings with

others (e.g. nursing colleagues, students, other health care professionals etc.).

5. Please send completed applications by **Monday, June 10, 2024 @5 pm** to chnigrnao@gmail.com.

B. Criteria to receive the funds after the RNAO and CHNIG AGMs include:

1. Submit a summary of your learnings (500 words max).
2. Include your receipts in attending the AGMs
3. Please send your completed summary and receipts by **Monday, July 8, 2024** to chnigrnao@gmail.com.

Upon receiving your completed summary and receipts, a cheque of **\$500** will be mailed to you from CHNIG.

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