**CHNIG Professional Development Bursary to attend CHNC Conference at historic Hart House, University of Toronto**

**April 22-24, 2024, Toronto Canada**

**Application Form**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: Home/Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status:

* Registered Nurse
* Undergraduate Nursing Student

RNAO Registration Number:

How long have you been a CHNIG member? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area of Practice: 🞎 Public Health 🞎 Home Health 🞎 Primary Care

🞎 Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you attended the CHNC National Conference in the past?

* Yes
* No

If yes, provide the year(s) you had attended: \_\_\_\_\_\_\_\_\_\_\_

Are you presenting at this year’s conference?

* Yes
* No

**ANTICIPATED EXPENSES:** Provide an itemized list and description of anticipated expenses (i.e., mileage by car, cost of GO train/plane, meals, hotel, etc.). Successful bursary recipients will complete this paperwork **by May 24, 2024,** or forfeit the bursary.

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| --- | --- | --- | --- |
| **Eligible Expenses** | **Detailed Description** | **Total Cost ($)** | **Amount Eligible for Reimbursement ($)** |
| **Registration Fee** (up to the amount of the Early Bird Rate only) |  |  |  |
| **Transportation** (mileage rate of $0.45 cents per kilometre (based on distance of most economical route as per Google Maps) and economy transportation including air, bus, and train. |  |  |  |
| **Accommodation** (Shared hotel accommodations, at rate of host hotel from April 22-24, 2024) |  |  |  |
| **Meals** (Maximum daily meal allowance is $45.00) |  |  |  |
|  | **Totals:** |  |  |