



## UNIVERSITY OF NEW BRUNSWICK NATIONAL EDUCATIONAL SPONSOR TORCH AWARD APPLICATION

- *This contest is open to any member of any occupational health nursing association or occupational health nursing interest group in Canada and any Canadian nursing student currently enrolled in nursing program.*
- *Application can only be made on the following Application Form which is to be completed and submitted electronically with supporting documentation to the Alberta Occupational Health Nurses' Association prior to April 1.*
- *All videos must include the AOHNA logo and the logo of our national sponsor on the same page and a separate page for all other sponsors. See sponsorssection.*
- *By submitting an entry, applicants acknowledge that their submission will become the property of the AOHNA and may be promoted by the AOHNA on their website and through other forms of social media.*
- *All submissions must complete the application form.*
- *All submissions must be produced in a manner consistent with the Scope of Practice requirements regarding professional conduct and confidentiality.*
- *The video may be produced by a team of individuals but the award will only be granted to one of these individuals.*
- *All entries must be the original work of the entrants and may not contain copyrighted material.*
- *Completed applications can be submitted to [treasurer@aohna.org](mailto:treasurer@aohna.org) and videos included in a variety of applications including zipfile, dropbox or other electronic format.*
- *Letters of permission must also accompany applications containing photographs or film of individuals. These individuals must be mentioned in the credit section of the video.*
- *Members of the AOHNA executive are ineligible.*
- *Applications close April 1, 2016.*



**Alberta Occupational Health Nurses Association  
Light the Lamp Social Media Campaign**

**University of New Brunswick  
National Educational Sponsor Category  
TORCH AWARD**

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FULL NAME :

ADDRESS :

PROVINCE OR TERRITORY:

POSTAL CODE:

HOME PHONE:

WORK PHONE:

MOBILE PHONE:

EMAIL ADDRESS :

UNIVERSITY/EMPLOYER :

ADDRESS:

PROVINCE OR TERRITORY:

POSTAL CODE:

OCCUPATIONAL HEALTH NURSING ASSOCIATION:

DATE:

I accept all contest rules and understand that the supply of any incorrect or misleading information in this application or subsequent social media video submission may result in the cancellation of this Award.

I authorize the Alberta Occupational Health Nurses Association to use this application, brief essay and video submission for the purposes of the AOHNA Social Media Campaign and raising the profile of Occupational Health Nursing.

SIGNATURE

DATE



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**PLEASE PROVIDE A ONE PAGE OVERVIEW OF OCCUPATIONAL HEALTH NURSING AND WHY YOU APPLIED FOR THIS AWARD?**