



# WORKPLACE REPRESENTATIVE

## REGISTRATION FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Registration No. \_\_\_\_\_

Mailing address:

\_\_\_\_\_  
\_\_\_\_\_

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

Work phone number for contact: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Health Region: \_\_\_\_\_

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

For planning purposes please state how many RNs and RN(NP)s you will share SRNA information with? \_\_\_\_\_

*Please inform us of any changes to the above information or if you no longer wish to be involved with the program.*

**By joining the program the individual agrees to:**

- Be a communication person for RNs or RN(NP)s in their work area and the SRNA.
- The Representative agrees to share information with RN or RN(NP) colleagues that is received by email or by mail (mail outs are about 3 times per year). The information will be on nursing, healthcare, education workshops or conferences, and various health and social issues that pertain to nursing. Please inform us of any information you would like to see in the mail out packages.
- If desired, representatives can liaise with Workplace Representatives in their health region or work facility during National Nursing Week or for other celebratory events to share resources and plan events.
- As needed, assist Graduate Nurses, Internationally Educated Nurses or newly relocated nurses on how to access SRNA resources or staff.

*The SRNA adheres to PIPEDA and privacy legislation. We do not share personal information including your home contact information without your permission. Under privacy laws your name, work contact address, work telephone number or work email address are public information. Only this information can be shared as requested.*

**Please read and sign if you agree:**

*As a participant in this program I agree to the criteria required for being a part of the SRNA Workplace Representative Program and to share my name, work phone number, email address or work location (please circle your preference for contact) with other Workplace Representative, SRNA members or others involved in healthcare service delivery.*

*Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

The SRNA will provide you with funds to purchase a small bulletin board for your workplace if you wish to post the information. Contact us if you would like a bulletin board.

*Completed forms may be*

*Emailed to [links@srna.org](mailto:links@srna.org)*

*Or*

*Faxed to 306-359-0257 attention Lesley*

## **SRNA WORKPLACE REPRESENTATIVE PROGRAM**

**The main role of a Workplace Representative is to be a communication person between the SRNA and RNs and RN(NP)s.** This includes communication for the SRNA to hear from members about nursing and health care issues, and for members to keep informed about the SRNA, nursing, health care and other issues that are within the mandate of the SRNA.

### **What do Representatives do?**

- They circulate the information that the SRNA sends out by mail about 2-3 times per year to their RN or RN(NP) colleagues.
- Representatives can post this information on a bulletin board at work or leave it in the coffee room for staff to read during their breaks.
- The SRNA also sends emails on upcoming events, health care and nursing issues alerts which representatives then forward to RNs or RN(NP)s who would like this information.
- Representatives also relay any questions, concerns from their colleagues to SRNA staff for further discussion.

### **What are some opportunities for representatives?**

- Occasionally the SRNA will ask for volunteers to participate in focus groups held by staff, meet with Council to give feedback on Ends or health care issues, or give feedback to the SRNA staff on documents that they are developing.
- The SRNA Nominations Committee may contact Workplace Representatives to gauge their interest in standing as a candidate for SRNA Council or the Nominations Committee.
- Can volunteer to represent the SRNA at education events or at school fairs. The SRNA will pay an honorarium and cover expenses for some activities.
- Take part in leadership training activities that are sponsored by the SRNA.
- Participation in these activities is optional and is not required to be involved with the Representative program.

### **What are some perks for being a Workplace Representative?**

- The SRNA provides an annual education day in the fall for representatives to learn about the resources and services of the SRNA. An honorarium and expenses are covered to attend this event. Registration is limited so be sure to apply early. Attendance is optional.
- Representatives can also apply for an education grant of \$250 to use to attend SRNA or other nursing or health care related education events. Funding is limited and is on a first come first served basis for this program.
- The SRNA also provides opportunities for representatives to participate in contests with prizes of paid registration or expense coverage to attend conferences.
- Workplace Representatives also receive an annual National Nursing Week Kit that is for National Nursing Week in May. The kit contains a poster, list of suggested activities for NNW and promotional items to raffle or give away.

For more information contact:

Terri Belcourt, RN

Member Linkages, Project Manager/Practice Advisor

Regina: (306) 359-4214; Toll free: 1-800-667-9945 ext 214

[tbelcourt@srna.org](mailto:tbelcourt@srna.org)

Lesley Stronach

Practice Assistant, Member Linkages

Regina: (306) 359-4236; Toll free: 1-800-667-9945 ext 236

[lstronach@srna.org](mailto:lstronach@srna.org)

*RNs and RN(NP)s are leaders in contributing to a healthy population.*