



150 Garland Avenue,  
Dartmouth, NS  
B3B 0A7

Tel: (902) 469-1474  
Fax: (902) 466-6935  
www.nsnu.ca  
nsnu.office@nsnu.ca

## Expression of Interest in Multimedia Participation Form

|                     |  |                  |                     |                     |                                   |                                   |
|---------------------|--|------------------|---------------------|---------------------|-----------------------------------|-----------------------------------|
| <b>Name:</b>        |  |                  |                     |                     | <b>M</b> <input type="checkbox"/> | <b>F</b> <input type="checkbox"/> |
| <b>Address:</b>     |  |                  |                     |                     |                                   |                                   |
| <b>City:</b>        |  | <b>Province:</b> |                     | <b>Postal Code:</b> |                                   |                                   |
| <b>Tele (home):</b> |  |                  | <b>Tele (work):</b> |                     |                                   |                                   |
| <b>Tele (cell):</b> |  |                  | <b>Email:</b>       |                     |                                   |                                   |
| <b>Local:</b>       |  |                  |                     |                     |                                   |                                   |

**Are you a:**

RN  LPN  NP

**Age Group:**

20-30

30-40

40-50

50+

**Are you a member of a visible minority?** Yes  No

If yes, please specify: \_\_\_\_\_

**Please list any on camera or modeling experience (if any):**

\*Please note that prior experience is not a requirement.