

P.O. Box 72082, RPO Sasamat
Vancouver, B.C. V6R 4P2
www.bcnursinghistory.ca



BC History of
Nursing Society

Date Form Completed: _____

Biog File #: _____

BIOGRAPHICAL INFORMATION PROFILE

Name: _____ Maiden Name: _____

Nicknames (if relevant, or how you were commonly addressed by colleagues)

Date of Birth: _____ Place of Birth: _____

Address: _____

Phone Number: Business _____ Home _____

E-mail _____

NNPBC Registration # _____ Practicing ____ Non-practicing ____ Retired ____

Photograph Attached: _____ Year Photo Taken: _____

This Biographical Information Form is to allow the BC HISTORY OF NURSING SOCIETY to have a file of relevant information about you and your nursing career. The information may be used for articles about you or about nurses generally and for research into nursing. For example, this form might be used to help compile information for awards or, in the event of your untimely death, for an obituary. It will also be available to researchers for information on history of nursing. The following are guidelines only. If you need more space, please use the backs of the pages or attach additional pages. An electronic copy is available and if you get in touch with the BC History of Nursing Society (Biographical Committee Chair), this can be e-mailed to you.

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Family History

Father's and mother's names: _____

Names of siblings and years of birth: _____

Where did you grow up? _____

Schools attended:

Other family background relevant for your biographical file. (For example: How would you describe your family's attitude toward education and toward nursing? What alternatives to nursing did you consider?) Please use back of page or attach additional pages as necessary.

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Reasons for choosing nursing as a career:

People make choices for a variety of reasons. How did any of the following influence your choice of nursing as a career: Nursing and/or medical personnel in the family? Charitable or voluntary work in the family? Influence of friends or others?

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Nursing Education:

Please list school, college, or university, and years of graduation. For example, school for basic preparation and year you were registered. Give details of nursing degrees and/or other degrees. If necessary, use back of page or attach a separate sheet.

Nursing Work Experience:

Please give the names of the hospitals or agencies in which you have worked, and the positions held, with dates. If you have a resume or curriculum vitae, please attach that. If necessary please attach a separate page.

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Professional and Community Involvement:

Please give names and dates for positions and offices held in RNABC/CRNBC/NNPBC (including Chapters), BCNU, CNA, Professional Practice Groups, and Community Organizations (e.g., YMCA, Red Cross, municipal or civic committees, sports organizations). If necessary please attach a separate page.

How important were these organizations to your career?

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Publications:

Please attach a list; if you have copies that might be relevant, please attach.

Honours and Awards:

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Highlights of your Career:

For example, what gave greatest satisfaction; what was your least happy experience. If necessary please attach a separate page.

Personal Family History (if relevant):

For example: Are you married? Please give spouse's name and date of marriage. Do you have children? Please give names and dates of birth. How did family responsibilities influence your ability to nurse or your choices in your nursing career?

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Additional Comments:

How has nursing changed during your career? How have your views about nursing changed?

People and events often help shape careers? Please describe a person or persons who influenced your career or significant events that influenced your career.

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Describe memorable experiences from the beginning, middle, and end of your career life.

Are there any other points about your nursing career that you would like to raise?

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Photographs:

Please send us a head and shoulders photograph (color or black-and-white) of yourself for our Biographical Files. This would be the “official” photograph that would be used if we are ever asked to supply one of you.

Do you have other photographs that you are willing to share with others through the History of Nursing Society Photograph Files? Please attach a note (on a separate piece of paper – do not write on the back of the photograph) identifying those in each photograph, with dates, location, and other relevant information. Please give as much detail as possible.

- Have you been interviewed by a member of the Oral History Group? _____
- If not, would you be interested in being interviewed? _____
- Has a Page of History been done about you? _____

I have completed this form for use by the BC HISTORY OF NURSING SOCIETY. The original will be placed in the Society’s archives. I agree to the contents of this form being posted on the BC History of Nursing Society web site.

Yes_____ No_____ conditions:_____

Signature: _____ Date: _____

Relationship to the individual (if relevant) _____

Thank you for completing this form. Please mail or email to: