

October, 2004

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CANSW VOICE



*“Use the heritage of silence to
observe others,
if greed has replaced the goodness
in a man’s eyes see yourself in him,
so you will learn to understand
and preserve yourself.
Do not despise the weak,
it is compassion that will make you
strong.”*

By Chief Dan George

CANSW is a national and regional voice for Nephrology Social Workers which:

- ❖ *Promotes Nephrology Social Work as a specialized area of practice*
- ❖ *Develops and promotes high Social Work standards of care in all renal areas*
- ❖ *Educates the public regarding the psycho-social impact of kidney failure*
- ❖ *Works collaboratively with relevant organizations to ensure holistic care for all patients*

This issue highlights CANSW – the conferences where members come together to work and to play; opportunities for members to work on projects or committees; the new CANSW Executive; an application to renew membership; the listserv which promotes communication among members and allows for discussion of ongoing practice issues.

This issue lists some websites that may interest and includes another excellent article about transplant.

The Voice is CANSW’s newsletter and is produced three times a year. To submit an article, comment on the current edition or for more information email the editor at: lstmarti@vanhosp.bc.ca



Words from the Editor...

When thinking about what I wanted to say for this edition of "The Voice", my thoughts turned to the beautiful picture of fall leaves taken by our president at Camp Dorset. I began thinking about the busy days of fall and some of the holidays that I celebrate, Thanksgiving and Halloween being foremost in my mind. What stands out for me in these events is my son's joyous anticipation of family gatherings at Thanksgiving and the tremendous anticipation and planning of Hallowe'en which is yet to come.

As social workers we remind staff and patients that many people don't feel joy around the holidays because of some of the challenges they live with which can be poverty, social isolation, depression, or previous loss.

How do we handle these situations when the services are arranged and all the "supports" are in place? Do we challenge ourselves to try and help patients find a goal to work toward which includes feelings of joy and the positive elements of the holidays and not just survival?

Holidays also remind me of Marie, a young woman who was living with diabetes and kidney disease some fifteen years ago.

Marie also loved holidays and family and worked hard to be involved in life at these times

I first met Marie when she was hospitalized for an infection. She was lying alone in her room with the sheet pulled up over her entire body and head. She said she didn't want to talk but when I asked if I could return another day she said, "Yes".

That was the beginning of my 5 year relationship with Marie. Fifteen years ago, I was able to see Marie while she dialyzed at least once a week and sometimes twice. This was both a blessing and a challenge for me as a person and as a professional.

The blessing as I see it now, was to be invited into Marie's personal experience of living through disability, pain and loss. I got to know Marie as the person she was and wanted to be. The challenge was to connect each time with the deep feelings that were expressed. My own self-imposed feelings were that I had to provide the hope for Marie in the face of such loss.

Marie taught me so much about loss and living with a chronic illness. She also taught me about the ongoing need we have to be involved in life.

We talked about many things in Marie's life and I think out of my own need to "help" we talked about how to make the holidays joyous.

Marie no longer looked forward to the holidays because they were so filled with worry about how she would manage being out for any length of time, how she would get upstairs to the bathroom at her in-laws, what

food she could tolerate, where she could rest and so on.

We worked on "surviving the holidays" plans and enlisted the important people in her life to help. She was also able to identify one goal of "enjoyment" for each holiday. What was remarkable to me in all the years I knew Marie and the many holidays which became increasingly challenging to plan, was that Marie wanted to go, to participate, to be joyous. Her motivation did not change, she wanted to be part of her celebrations.

Marie's influence in my professional life has been to remember that even in the face of tremendous challenges, we can focus on positive goals with people living with significant disease.

I know many renal social workers don't articulate these goals and practice but do this in their work everyday. I would love to hear the many stories my colleagues have of accomplishing this with patients. Many of our patients' lives don't have "happy endings" but they have many moments as they live with their disease that nurture them and help them go on. I believe these are the moments we also need to celebrate.

As social workers involved in CANSW we use our compassion and these same skills to change our patients' lives for the better.

This issue of "The Voice" is filled with the work of CANSW and its members and celebrates and plans for our upcoming and ongoing work.

Lorraine St. Martin, MSW



President's Pen – October, 2004
Shirley Pulkkinen, MSW, RSW is the President of CANSW and works as a Renal Social Worker in Sault Ste. Marie, Ontario

I really can't believe that it is October already! CANSW hosted their 26th Annual Conference and Annual General Meeting in Dorset, Ontario. Congratulations to the newly elected members for vacant CANSW executive and rep positions:

- Vice President: Sonya Solman, North Bay, ON (1 year term)**
- Secretary: Lise Ross-Lalande, Timmins, ON (2 year term)**
- Eastern Ontario Rep: Dianne Boisjoli, Ottawa, ON (2 year term)**
- Southern Ontario Rep: Debbie Hodgins, Windsor, ON (2 year term)**
- BC/Yukon Rep: Zhila Schofield, Penticton, BC (2 year term)**

There is still a vacancy for the Eastern Atlantic Regional Rep. The Nominating Committee will continue to recruit volunteers for this position. Your president (me) still has one year left in her term, as does our treasurer, Lyle Stockwell (Whitby, ON), Northern Ontario Rep, Laura Devereaux (Thunder Bay, ON), and Alberta/Sask Rep Natalie Innes (Red Deer, AB)

Conference attendees and proxy voters unanimously agreed to a change in the constitution to include a new separate region, Eastern Ontario (Ottawa, Kingston, Renfrew and area) which was previously included in a larger "Southern Ontario" catchment area. Southern Ontario will continue to be comprised of Orillia, the Greater Toronto area, London, Windsor and Hamilton. It is anticipated that this will better serve our CANSW colleagues in Eastern and Southern Ontario. Thanks to all those folks who submitted their proxy votes!

This year, the Executive Committee presented a Strategic Plan for 2004-2005. We will be posting

an electronic copy of CANSW's policies and procedures on the listserver in the near future. For any inquiries or comments regarding the above documents, please contact me directly.

And our Jane Dicks' 2004 Award Winner is **Mary Mariano**, a wonderful colleague from Credit Valley Hospital in Mississauga, ON. Please read the warm tribute her cohorts submitted further in this issue of "The VOICE".

Thanks as well goes to all of the conference attendees who provided feedback to a draft brochure on "Choosing to Stop Dialysis". Final edits are being done and Doug Parsons (London, ON) will be discussing this venture further with the National Patient Services Committee of the Kidney Foundation of Canada. A special thanks to CANSW members Michaela Leicht (BC), Sylvia Boudreau (MB) and Laura Devereaux (ON) for their contributions, and also to Pady Dunn, CANNT President. We will keep you advised as to the development of this patient and family discussion tool.

In case you feel like you are missing out on all of the exciting and worthwhile developments in CANSW...do not despair. We have several projects on the go and welcome additional subcommittee members to help us out. If you are interested in adding your contributions to any of the following subcommittees, please contact me directly:

- No Treatment Brochure
- Resource Library (part of webpage)
- Emotional Response to Kidney Disease Pamphlet
- Mentoring Program
- Research Grant Committee
- Review of Standards
- CANSW Position Statements (staffing guidelines, role of renal social worker, etc)



A special "hats off from the President" goes to the Dorset Conference Planning Committee of 2004. WOW is all I have to say. Thanks again to Sonya Solman, Cathy Mosher, Bryn Milner, Laura Devereaux and Dianne Boisjoli who planned a dynamic, interactive and relaxing conference.

To my colleagues across Canada, hang in there. Health care in Canada is perched precariously on a seesaw. It is our duty to contribute to all of the renal voices in ensuring that the seesaw endeavours to remain balanced for all.

THE 26TH ANNUAL CANSW CONFERENCE CAMP DORSET

Janelle Lalonde, MSW, RSW is a renal social worker at Ottawa Hospital and shares some of her thoughts about the conference.

About a year ago, I started working as a renal social worker at The Ottawa Hospital, General Campus. I heard about CANSW through other renal social workers at the hospital; they were members of this association and encouraged me to enroll as well, which I did. Then, I heard about the conference that was coming up. I was fortunate enough to be able to attend. This made me realize how CANSW is an outstanding organization that leads renal social workers across Canada.

I was asked to give a brief synopsis of the highlights of the conference. First of all (and most of all), the conference provided a wealth of information. The keynote addresses and the presentations by our colleagues provided an opportunity for the members to think together, drawing on the rich and diverse backgrounds, training and experience of all. Second of all, the self-care activities as well as the yoga, provided an opportunity for the CANSW members to focus on themselves and attend to their body, mind and spirit. Finally, the evening activities organized by the committee members gave us a chance to build relationships and to connect with one another. In all, the conference was a time of enjoyment and provided a range of enriching activities.

When looking back at my experience this year at the CANSW conference, the first thought that comes to mind is the strength of this association, as well as the passion and dedication of its members. CANSW leads renal social workers and helps new social workers to become confident. The group offers acceptance. It gives a chance to help others and encourages the development of a positive support network. It also provides its members with an opportunity to check out the effectiveness of their actions, perceptions and values; this helps them understand that they are not alone in their struggles.

After meeting CANSW members and seeing the strength of the association, I would compare CANSW to the geese. You may have heard this analogy before... ***As each goose flaps its wings, it creates an 'uplift' for the birds following. By flying in a 'V' formation, the whole flock adds 71% more flying range than if each bird flew alone. The lesson: People who share a common direction and sense of community can get where they are going quicker and easier because they are traveling on the thrust of one another (Saatchi & Saatchi).*** So let's continue flying like the geese and encouraging new members to join us!

It was also nice to be able to put a face to the names we often see on e-mail. The conference provided an opportunity to meet a group of incredibly genuine people. The members of CANSW demonstrated kindness, generosity, and compassion by helping others and by making everyone feel included. They also showed their vitality, zest, enthusiasm and energy. Last but not least, CANSW members showed that they have a terrific sense of humor and an ability to bring smiles to other peoples' faces. In our type of work, we must remember to carry laughter with us wherever we go: *Even if there is nothing to laugh about, laugh on credit (Unknown).*

Pictures from the 26th Annual CANSW Conference

Pictures provided by Lise Ross-Lalande from Timmins and Shirley Pulkkinen from Sault Ste. Marie.



Sonya Solman and Bryn Milner welcoming members



Beverley J. Antle
Keynote Speaker on Ethics



From left to right:

Robert Fraser – Hamilton
Cathy Mosher – Halifax
Douglas Parsons – London
Joan Spittal – London
Marlene Rees-Newton – London



Michelle Spence (Sudbury), Louisette Chiasson (Moncton,) Jyoti Kapur (Brantford), Gary Petingola (Sudbury)

Joan Spittal from London



JANE DICKS AWARD WINNER 2004 – Mary Mariano

The following is the letter nominating Mary Mariano for the Jane Dicks' Award written by colleagues Catherine Mosher, Anita Pudlik and Pat Reed

We would like to nominate Mary Mariano for the Jane Dicks Award for 2004.

Mary has worked tirelessly in the renal field for 12 years. She believes in and is committed to CANSW. Mary served as treasurer for three years, and served to keep the Executive on track and on time during our conference calls. As part of the Executive she participated in conference planning, and ensured that CANSW was a good steward of funds, from membership fees and corporate donations.

Mary is a wonderful team player, having the ability to ask the right questions at the right time in a manner than invites those involved to consider all the angles of any issue, whether about dollars or about patients and their families.

Mary Mariano is a wonderful role model and mentor for "new" renal social workers, encouraging all to become members of CANSW, which gives us a strong national voice. She also mentors colleagues and students through her sense of humour, her generosity of spirit in sharing ideas, experiences and resources, and in her interactions with patients, families and team members.

She serves clients with passion, care and knowledge. She has developed programs, written policies, and contributed to strategic planning for her division, hospital and region. Mary has the ability to move seamlessly from one level of intervention to another. She is, in our eyes, the very exemplification of a renal social worker. From

therapeutic planning with individuals through to group work and to decision-making at the District Health Council, and work at the Kidney Foundation, she has been successful in finding ways to fulfill our client need. There is no task too small or too large for her if she believes it is her professional responsibility.

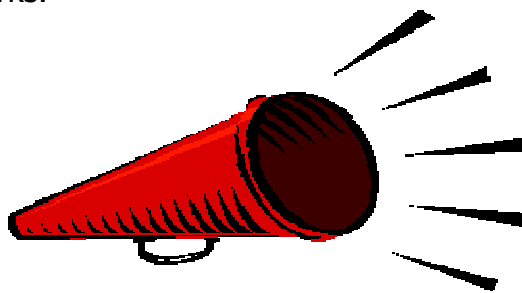
She brings a practical level head to decisions, for CANSW or in advocacy for patients. She takes on leadership tasks in all arenas in a responsible, competent manner, ensuring that the work gets done. And during all of this she is warm, wonderful to be around and fun too!!

This leads us to highlight a wonderful quality of our nominee, as touched upon. Mary has a clear vision of the role of a social worker in a renal program. Many times during conferences or other gatherings we all have commented on how difficult it can be to find our professional selves in today's health care climate of politics, attitudes and-sometimes-rivalry amongst professionals.

Mary is strongly grounded in social work values and uses them through the art of respectful collaboration with the medical world. She is able to maintain very clear social work boundaries and shows her team on a daily basis that health is not only the absence of illness.

Mary is highly respected by the administration of the hospital and her co-workers, as well as colleagues on the national front. A letter of support for Mary's nomination has been sent separately by the Kidney Foundation, COB.

We are privileged to be Mary Mariano's colleagues and to nominate her for a much-deserved Jane Dicks Award. We hope that we have been able to capture some of the essence of this deserving nominee in our remarks.



UPCOMING EVENTS

27th Annual CANSW Conference – May 1 to 3rd, 2005 - Vancouver British Columbia

Council of Nephrology Social Workers (U.S.) - National Kidney Foundation – Annual Conference for Allied Health/Medical Staff - Washington, D.C. - May 1st – 4th/2005

For next transplant conference check the Society for Transplant Social Workers at: www.transplantsocialworker.org

THE NEXT CANSW CONFERENCE IS IN VANCOUVER, B.C.

Mark your calendars for the 27th Annual CANSW Conference on May 1 - 3rd, 2005

The conference will take place on the grounds of the University of British Columbia in a setting that will take your breath away: a gorgeous mansion surrounded by beautiful gardens overlooking snow-capped mountains and the Pacific Ocean. Accommodation for out-of-town attendees is in West Coast Suites close-by.

Dr. David Kuhl, palliative care physician and author of “What Dying People Want” has been confirmed as our keynote speaker. Other presenters confirmed so far are social workers Kathleen Mackay, who will address domestic violence issues, and Bob Martell, whose special area includes addiction as well as gay/lesbian patients in the context of chronic illness.

On page 12 of this newsletter is a registration form for housing at the University of British Columbia so that you may start to make your housing arrangements well in advance of May 1-3, 2005. You can print the form from the newsletter. More information will be forthcoming in the next few months outlining the details of what is sure to be one of our most successful education meetings to date.

For more details regarding housing at UBC you may contact Gary Petingola RSW, 705-522-2200 ext. 3148 or email gpetingola@hrsrh.on.ca or for general conference information Michaela Leicht at mleicht@providencehealth.on.ca.

Deadline for posters/oral presentations: December 15, 2004.



CANSW 2005

CALL FOR ABSTRACTS AND POSTER PRESENTATIONS

We are inviting CANSW members to submit abstracts for presentation at the Annual Conference in **Vancouver, British Columbia on May 1-3, 2005**. Our CANSW membership has voiced the wish to have more expertise presented from our professional group. A small honorarium of \$100 is provided for all accepted oral presentations and \$25 for original poster presentations.

If you are performing research or are involved in the development or enhancement of any aspect of Renal Social Work and would like to share your findings/progress with your peers, please submit the following information:

ABSTRACT AND POSTER PRESENTATION

Please indicate what type of presentation you are submitting:

- Oral Presentation on the Research/Program
- Poster Presentation on the Research/Program

Title:

Synopsis of the Presentation:

Handouts:

Equipment Required:

Presenter:

Hospital:

Address:

Deadline: December 15, 2004

Submit to: Shirley Pulkkinen, MSW, RSW
Renal Social Worker
Sault Area Hospitals
969 Queen Street East
Sault Ste. Marie, Ontario
P6A 2C4
Phone: (705) 759-3434 ext. 4168
Fax: (705) 759-3860
Email: pulkkinens@sah.on.ca

Mandy – A Transplant Story

Dianne Boisjoli is the Eastern Ontario Rep for CANSW, and works as a Renal Social Worker at Ottawa Hospital. Dianne has written a story about a young woman named Mandy whose medical and social history have been fraught with loss and pain along the way resulting in a failed transplant. Through this very poignant story, Dianne shares some of the complications that can occur after transplant and talks about what this was like for Mandy.

Transplant is an exciting area to work in. When a transplant works well it is a wonderful experience! Patients speak of a fog clearing out of their head, everything seems sharper, clearer. Patients who have successful transplants speak of transplant as 'living' and dialysis as 'surviving'.

However, the promise of transplant does not always hold out the same success to all who undertake this choice of treatment. There are many pitfalls and ambushes which patients must navigate along the way. Among these are- the risk of the original disease reappearing in the transplanted kidney, -the risk of a viral infection (because of immune suppression) which can destroy the transplanted kidney, - the risk of developing an immune related disorder such as fibromyalgia, - the risk that there may be disease in the transplanted kidney (in the case of deceased donor kidneys), which was not detected before the transplant occurred, and - the risk of developing post transplant medication induced diabetes or cancer or exacerbation of osteoporosis.

It seems even more heart rending when these complications occur in a young person. Mandy is such a case. Mandy is a young woman with a troubled past. She immigrated with her father and grandmother from "the islands" to Canada some years ago. The family experienced Mandy's diagnosis of kidney failure as a shameful curse. They decided to send Mandy to the islands in the hope that some "voodoo" medicine would cure her. Instead she went into severe fluid overload and she begged her relatives to return her to Canada. She arrived back in Canada in severe fluid overload. She told me the water was literally oozing through the pores of her legs.

Mandy was hospitalized and started on dialysis. Sadly, her family saw her as a burden and a source of shame. They tried once again to get her out of Canada but authorities were alerted. Mandy was apprehended at the airport wearing a blond wig as a disguise. She was put under the protection of Children's Aid and placed in the care of an aunt.

As a result, Mandy had to grow up very fast. In addition to dealing with her illness, she carried the memories of various kinds of abuse she had endured in her childhood. On hemodialysis at the local children's hospital, she was offered a lot of support. Children's Services assigned her a driver who became an important emotional support and provided structure for her.

When she came to us, she had almost 6 years of dialysis experience behind her. Within two years of being in the adult program, she received a kidney transplant. The first few months went well but then trouble started. About one year post transplant, the doctors discovered that the original kidney disease was once again active in her system. Research has shown that the use of plasmapheresis could keep the disease under control for quite some time. These treatments were started. Initially Mandy was quite upset about the treatments as the first few treatments required her to come 5 days per week, which was more onerous than dialysis.

Within a few short months of that discovery, Mandy started to feel intense pain in her legs. She was a thin young woman to start with and now she walked with a halting stiff gait. Getting from sitting to standing was excruciating for her. At about the same time, she started to complain of nightmares. She was no longer able to sleep well. When she did sleep she was often awakened by recurring nightmares. She wanted to return to dialysis feeling that this whole transplant procedure had been a kind of betrayal. She started to talk about wanting to end her life.

What ensued was a few months where everything seemed very touch and go. She was given pain medication which would "knock her out". She did not like this state and struggled between getting relief from pain and wanting to be functional. She started trying to overdose on her medications. She reasoned that if she took large quantities of her immune suppressing medications she would destroy her kidney and could go back on dialysis. We sent the emergency response team to her apartment on more than one occasion. We were trying to get her seen by psychiatry and admitted but this was a complicated situation.

Eventually, Mandy slashed part way into her fistula and was finally admitted to hospital under psychiatry. Afterwards, she was seen as an outpatient on a regular schedule for a brief period of time until she required a medical admission. She then was not interested in doing more counseling. It seems that at least the worst of her nightmares had gone. The pain in her legs became less intense as well (as the Nephrologist had thought it would).

Recently the plasmaphoresis treatments were no longer helping the kidney function. It was decided that they would remove her kidney and she would return to dialysis. She still needs to consult with orthopaedics to have her hips evaluated. However, I am discovering that the waiting lists are so long that many doctors are not taking new referrals. The disease process which is causing her so much pain is called “ avascular necrosis”. It is destroying the joint. Although very painful, the pain is not the determining factor when it comes to hip replacement. Because hip replacement can only be done a limited number of times, she must wait until the doctors consider it necessary.

It is unlikely that Mandy will ever be a candidate for another transplant. The doctors feel that the likelihood of the disease destroying the new kidney is very high.

There are many variations on this story that occur in the transplant population. Many people who have been on dialysis for two or more years find themselves undergoing major revisions in their lives when they get a transplant. For some it starts soon after the transplant, for others it takes longer. There is mourning which must occur. Strange as it may sound, no longer being on dialysis represents a very big loss for some of these patients. For some it is the only real, stable reliable family they have ever known.

Of course, as social workers we primarily see the people who have problems; many, many patients do well and rarely speak with me. Transplant adds years to their lives and a quality of life which they could only dream of when they are on dialysis. Research continues and of course the ultimate hope is to be able to transplant people without immune suppressing medications or even to be able to grow a new healthy kidney genetically compatible with the recipient.

The promise of transplant is not always realized the same way for each patient. The vast majority find it is indeed the treatment of choice and quickly want a second transplant when the first one loses its function. For the others we all work to assure the best quality of life within the challenges they must individually face.

TIME TO RENEW YOUR CANSW MEMBERSHIP FOR 2005!

MEMBERSHIP INCLUDES BEING ON THE LISTSERVE, RECEIVING A COPY OF “THE VOICE” THREE TIMES ANNUALLY AND BEING UP TO DATE ON UPCOMING CANSW EVENTS! CANSW HAS JUST ELECTED A NEW EXECUTIVE. IF YOU WISH TO GET MORE INVOLVED WITH CANSW, ITS COMMITTEES OR HAVE AN IDEA YOU CAN CONTACT ANY OF THE EXECUTIVE MEMBERS (See page 3, “President’s Pen” for ideas of how you can become involved). MEMBERSHIP RENEWAL FORM IS ON PAGE 13 & 14 OF THIS NEWSLETTER. DON’T WAIT AND RISK BEING CUT-OFF THE LISTSERVE IN JANUARY.

WEBSITES OF INTEREST

Transplant: www.tppp.net/.

<http://www.resource-database.com> (Renal Unit Staff Training) through NKF

Article on Professional Boundaries:

<http://www.ikidney.com/iKidney/Community/Pro2Pro/Clinicians/ProfessionalBoundariesintheDialysisSetting.htm>

CNSW listserv (American Nephrology Social Workers listserv through membership with the NKF): www.kidney.org/professionals/CNSW

Hear Now Foundation: www.sotheworldmayhear.org (hearing aids info)

For Children: <http://www.donors1.org>. and www.channing-bete.com

**REQUEST FOR ACCOMMODATION AT THE GAGE TOWERS
AND WEST COAST SUITES**

Canadian Association of Nephrology Social Workers 2005 Conference
04/30/05 - 05/04/05
Group Code: G50430A

Last name: _____ Male
 First name: _____ Female
 Street address: _____
 City: _____ Province/State: _____
 Country: _____ Postal/Zip Code: _____
 Phone: (____) _____ / _____ / _____ Arrival: _____ / _____ / _____ Departure: _____ / _____ / _____
mo./day/yr. mo./day/yr.

Will you require parking? (\$5.00+ 7% GST per night/vehicle) Yes No
 Will you require Internet access? (\$10.00 + 7% GST per day) Yes No

REQUESTED ACCOMMODATION **RATE PER NIGHT**
(PLUS APPLICABLE TAXES)
 *West Coast Suite (2 twin beds & 1 queen sofa- or Murphy-bed) \$119.00

• Please include the names of all additional guests staying in the suite/apartment in the space below:

1. _____ 2. _____
 3. _____ 4. _____

• Rate for West Coast Suite based on double occupancy. A charge of \$15.00 per person will apply for each additional guest (maximum occupancy is 4 persons).

Check-in time: 3:00 PM Check-out time: 11:00 AM

To view floorplans and photos please visit
www.ubcconferences.com

Phone: (604) 822-1000 Fax: (604) 822-1001 Email: reservations@housing.ubc.ca

PAYMENT INFORMATION

All rates are in Canadian dollars and are subject to 7% Goods and Services Tax and 8% Provincial Hotel Tax. Full payment is due upon check-in. Cash, travellers' cheques, VISA, MasterCard, American Express or Interac are accepted (no personal cheques please). To reserve a room, please provide the following information (you will not be billed at this time):

CARD NUMBER: _____
 EXPIRY DATE: _____ / _____ (month/year) VISA MASTERCARD AMEX
 CARDHOLDER'S NAME (PLEASE PRINT) _____
 CARDHOLDER'S SIGNATURE _____ DATE _____

• To avoid a one-night room charge, cancellations must be received 48 hours prior to check-in date.

FAX OR MAIL YOUR REQUEST TO:

Reservations Office
 Conferences and Accommodation at UBC
 5961 Student Union Blvd.
 Vancouver, BC, Canada, V6T 2C9 Fax: (604) 822-1001

If mailing, please ^{STP} indicate if you've already faxed your request. Yes No
 WOULD YOU LIKE TO RECEIVE CONFIRMATION OF YOUR BOOKING? Yes No
 IF SO, HOW WOULD YOU LIKE TO RECEIVE YOUR CONFIRMATION?

Email: _____
 Fax: (____) _____
 Mailed to the address provided on this form

IMPORTANT:

Book as early as possible for best selection. A limited number of West Coast Suites are being held until March 30th, 2005 only. After this date, or as soon as all held rooms are reserved, we will not guarantee the group rate.

CANSW

Canadian Association of Nephrology Social Workers
Membership Application/Renewal
January 1, 2005 - December 31, 2005

Name: _____

BusinessAddress: _____

_____ **Postal Code** _____

Business Tel# (____) _____ **Fax#(____)** _____

E-Mail Address _____

Education: MSW____ BSW____ Other____

Areas in which you work: Pre-dialysis____ Hemodialysis____ Peritoneal____

Transplant____ Adults____ Children____

Years in Nephrology: _____ **Other Experience:** _____

Committee Work (e.g. working committee on renal services, Kidney Foundation, etc.)

How can CANSW assist you to meet your professional goals and objectives?



Activities you are willing to assist CANSW with:

- ___ **Mentorship for new Renal Social Workers**
- ___ **Renal Social Work Standards/Guidelines**
- ___ **Advocacy for renal patients**
- ___ **Submissions for the Voice newsletter**
- ___ **Developing a resource library for the website**
- ___ **Assist in redeveloping CANSW website**
- ___ **Any other activity** _____

In accordance with CANSW's Privacy Policy, I understand that my information on this application can be shared with the CANSW organization as a whole to assist with the goals of the organization. I agree to share my personal information.

YES NO

Signature of Applicant

<p>*Please contact the CANSW President should you wish to alter personal information or have further questions.</p>
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Active Membership Fee -\$60.00 due by January 31,2005, \$75.00 thereafter. *Any Social Worker currently working in a dialysis/transplant program in Canada. Active members may vote and hold office and act as a chairperson of a committee. The immediate Past President will be considered an active member.

Associate Membership Fee -\$65.00 due by January 31, 2005, \$75.00 thereafter. *Those eligible for Associate Membership include the following: Social Workers practicing Nephrology Social Work in any area outside Canada; professionals practicing in a related field of Nephrology; laypersons from related organizations; previously Active Members. Associate Members may attend meetings, conferences, participate on committees, and receive significant mailings. Associate Members may not vote or hold office in the Canadian Association of Nephrology Social Workers.

Please make cheque payable to CANSW and return to:

**Lyle Stockwell MSW, RSW
C/o Lakeridge Health Whitby, Room M073
300 Gordon Street,
Whitby ON
L1N 5T2
(905)686-6411 ext.4156**



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