

Australian Faith Community Nurses Association

faith in action
hope in expression
love in motion



Whole Health

Volume 23 Number 3 December 2018

I can't wait to tell you that...

...Faith Community Nursing is God's will

Your Board have been reflecting on God's will for AFCNA and the role of Christ-centred Faith Community Nursing (FCN) in Australia. Discussions to canvas ideas and views from members is ongoing and we would love to hear your opinion. I was once told that knowing God's will is best discerned by answering these three questions: 'Is it scriptural?' 'Is it the desire of your heart?' 'Is there a need?' The answers regarding faith community nursing in Australia are yes, yes, yes!

'Is it scriptural?' Yes, the FCN role reflects Jesus' love into the world, obeying the command to 'love one another' and focus on 'the least of these' (Matthew 25: 37-40). Christian FCN practice is underpinned by Biblical principles including whole person care, nurturing healthy relationships with God, others and the creation, justice, shalom, stewardship, servanthood and compassion, always seeking to follow Jesus' example and walk humbly with God.

'Is it the desire of your heart?' In the Bible the human 'heart' is viewed as the seat of our freewill. With our heart we can choose for God, or choose against God. When we give our heart to Jesus Christ, the law is written on it so we can discern right from wrong. We know what to do and how to do it. There are works set aside by God for all of us to do. We receive the Holy Spirit of God to enable and empower us to do those works. We become co-creators with Christ in the healing and saving work of Jesus. This enables us to show God's mercy, express God's love, demonstrate God's compassion, ignite God's hope, to bring restoration and healing, and nurture faith in Jesus Christ. In short, our heart reflects God's heart. As faith community nurses we nurture spiritual growth and promote the relationship between faith and health that leads to 'abundant life' as God intended it (John 10:10).

'Is there a need?' When we look around us in Australia at the end of 2018, we see increased pressures on our health system. There are ethical dilemmas regarding quality and availability of care to our community's most vulnerable members. There are gaps in government health, aged and community services that FCNs may meet. These represent opportunities that enable churches to fulfil God's redemptive and restorative mission for his people.

Inside

What lies ahead in 2019	2
Your new Board 2019	3
Rescuing people can hinder not help Resources	3
Become a better support person	6
Snippets and prayer points	8
Resources	9
Membership	13

Nurses have professional knowledge regarding health promotion; disease, injury and abuse prevention; community health care; whole person care of body, mind and spirit; assisting in recovery and healing activities, etc. When we combine our knowledge and skills with an attitude of Christian service that follows the church's mandate to love and serve as Jesus did, we know we have a ministry that is both timely, compelling, and in step with the gospel call to 'love one another'. The needs are enormous and the imperative for churches to embrace health and care models such as faith community nursing have never been greater. Will you and your church heed the call?

Blessings and Shalom

Anne van Loon
AFCNA Chairperson 2019



What lies ahead in 2019



AFCNA is changing. The rapidly changing times we face mean we need to reshape the association so it meets the changing needs of FCNs, churches and our community.

Our August 2018 newsletter shared the changes we must face, which include:

- Ageing population with increase in people living with chronic conditions
- Health, aged care and community services struggling to maintain standards
- Rapid and significant changes in health care funding and service delivery models
- Impact of digital technology on health care delivery, record keeping, education and even how we contact you
- Major increases in professional regulatory requirements and legal requirements that must be met by Australia associations and charities
- Models of FCN practice need to be responsive to these and other social changes.

The Board has had additional meetings to grapple with these issues so we can advance the FCN role, provide appropriate support, deliver quality education and promote sustainable models that provide viable FCN and HCM worker roles (both paid and voluntary) across Australia. We continue to seek new ways that FCNs can prevent people from falling through the gaps in health and community care, and promote healthy thriving communities where people can experience an 'abundant life' (John 10:10).

We are grateful for the input of members and FCN leaders in this conversation. They have identified barriers and opportunities and we invite all our readers to consider this and provide us with your feedback as we plan the way forward.

One area we have been discussing is how to promote the vision of 'health' ministry to churches so they capture the vision of what is possible and what God is calling His church to be. Additionally, how do we market this ministry to health workers who are already busy with paid work and other

ministry endeavors? Some of this has been unpacked in an e-book *The Faith Community Nurse role is an important function of church ministry*, which is available free from our AFCNA website, and is provided as a gift to all members and subscribers of AFCNA. A section is printed in this newsletter to provide you with information to start discussion within your church, friends and professional circles.

Additionally, you can spread the word about Faith Community Nursing by printing off a few copies of this *WholeHealth* newsletter, or send it as a PDF to others in your networks. Please pray about this, and invite others to hear more about the FCN role and pastoral health and care ministry. Take every opportunity to share with your professional colleagues about the FCN role. Share with churches the opportunities faith community nursing provides in our changing world. Australia needs faith community nurses more than ever! This is a ministry begun by Jesus in the deacon/deaconess role of the early Christian church and it is being revitalised for such a time as this.

Your new Board for 2019

At our AGM in September we were pleased to elect the Board who will represent you for 2019:

Chairperson: Anne van Loon

Secretary: Judy King

Treasurer: Vicky Legge wishes to step down from the treasurer role and continue the web development role. She has agreed to continue as treasurer while we search for a replacement. If you (or someone you know) has financial administration skills and would be eager to support AFCNA with these gifts please let a Board member know.

Board Members: Jacqui Bowden, Lindy Gower, Gabrielle (Gabi) Macaulay, Joanne Rich

National Mentor: Pat Watts had to stand down due to ill health and the Board has decided not to fill the position at this time.

You can contact the Board at afcna@outlook.com or our contact Anne on 0409 921 337.

Rescuing people can hinder not help

Often people are drawn to the helping professions or pastoral care by a sense of altruism—‘concern for others, and the endeavor to help in some way and improve a person’s experience’¹. Sometimes the desire to help others makes people step into places where their endeavors aren’t needed and perhaps not wanted! In fact, jumping in may be disempowering the person from helping themselves. Without recognizing it, our well-intentioned desire to help and serve may in fact be propelling us to become ‘rescuers’ of others.

Tina the Tree

Tina is the main character in a children’s book titled *Tina the Tree* by Andrew McDonough. Tina is planted by a river, but she frequently uproots herself, leaves the river and runs off to help others. In so doing, she leaves her life-source, the river that provides her with nourishment to grow and be strong. Tina thinks she knows what everyone needs and steps in with her energetic and well-intentioned solutions, even when the recipients of her care know what they need/want to do. Unfortunately, Tina’s solutions don’t always work. She is eager to ‘help’ everyone she can, even if they don’t ask for her help. She ends up rescuing and carrying so many different characters



that as she chases down her next recipient of care, she is exhausted and struggling with her failures. (You can read the story of *Tina the Tree* at <https://www.lostsheep.com.au/stories/tina-the-tree/>).

Does Tina sound like anyone you know? When we use this simple story in classes on self-care, it confronts participants to question what is really helpful to others. Are we rescuing when we should be empowering? God wants our roots firmly planted in the living water of Jesus Christ. If we do that our FCN ministry will flourish.

Rescuing can hinder

There is a place for rescuing, but it is only short-term and it is only in times of crisis, when to do nothing, could make matters worse. Rescuing in the longer term hurts the person we are rescuing. People who are continually rescued have their options limited by their rescuer/s, their autonomy is disrespected, and their opportunity to grow and develop is diminished, because they are not able to solve their own problems and learn life lessons in that process. Rescuing over the long-term actually disempowers people. It decreases their self-efficacy and creates dependency on others to keep helping them, while simultaneously creating co-dependency in the rescuer.² It promotes a welfare relationship that does little to move people forward with life. Eventually the rescuer ends up fatigued and may eventually burnout.

The rescuer may become quite drained and despondent when their efforts don't have the desired results. Eventually rescuers become overwhelmed by the ongoing and unending needs for which they perceive others need their support. Without introspection and self-reflection on their practice and some good self-care activities, they may experience compassion fatigue, stress and exhaustion and may eventually give up their ministry or become ill.

Knowing yourself

Sometimes the rescuer is unaware of what is driving their need to rescue. This can vary. It may include a desire to serve that is influenced by a personality that cares deeply. It can be other drivers such as:

- unresolved past hurts
- experiences that drive our need to rescue others
- insufficient boundaries
- perfectionism
- need to control situations
- self-worth that is tied up in receiving praise
- fear and anxiety
- a way to escape dealing with our own problems
- trauma and grief that we have not sufficiently processed.

John Ashfield's helpful book *Straight talk about self-care* discusses how rescuers may have a family or personal history of caring for others in vulnerable situations, or they 'may be nursing their own trauma or negative experiences of the past or present. Stepping in to save others may be a projection of some aspect of one's own experience and an attempt at saving oneself from past or present pain; it may represent symbolic self-healing, despite the problem of focus being someone else's.'³ Therefore it is important to regularly examine our own intentions and influences, to ensure we are not working from a position of 'care as therapy'.

Research conducted by Barr⁴ showed 73.9% of counselors and psychotherapists have experienced one or more wounding experiences that led to their career choice. This is also known to be true for nurses, doctors and other helping professionals. Psychologist, Carl Jung termed this the 'wounded healer'. Barr found the most common wounds that propel people into helping professions include family life as a child, mental illness, adverse social situations, bereavement, violence or life-threatening experiences and physical illness. Having lived experience can help us develop empathy

for others but it becomes problematic when our past experiences dictate responses that are based on *our* past situations rather than enabling empathy that leads to empowering the other person to make life-enhancing decisions about *their* situation.

God can use us as wounded healers. 'His power is made perfect in weakness' (2 Cor. 12:19). We may act in our own strength and seek to minister as if we have the answers for others, but God says His power is made perfect in weakness. That should help us see what posture we need to take. We can be most helpful to others when we recognize we live and act in God's grace alone. On our own we are not able to help, heal or save, but when we allow ourselves to be conduits of God's grace, we can change lives. It is the power of the Spirit of God, given to all who follow Jesus Christ, that effects healing and salvation. To me that is liberating, I don't need to rescue because I can't, only God can!

Stay connected to the source of life

Overcoming rescuing involves identifying our drivers and bringing them to the Wonderful Counsellor for healing. We may also need the knowledge and skills of other professionals to resolve our deeper hurts. Then we can use our past experiences to cultivate empathy and God can use us to heal others. In humility, open your heart to Jesus Christ and ask for empowerment of the Holy Spirit. This is illustrated in the AFCNA logo where the dove represents the Holy Spirit alighting on the open hand of the FCN to impart God's power which enable the FCN to care and heal the person who can then flourish (the spirit can be seen as a flower growing from the hand of the FCN).



Tina the tree left her source of life and strength—the water—and she could not keep going or growing. As Christian FCNs the same will happen to us if we don't tap into our source of life—Jesus Christ. God calls us to keep our roots firmly grounded in Jesus Christ. In Psalm 1:3 we read:

And they shall be like a tree firmly planted [and tended] by the streams of water, ready to bring forth its fruit in its season; its leaf also shall not fade or wither; and everything they do shall prosper [and come to maturity]. (Bible Amplified version)

If you are a rescuer like Tina the tree, what is one step you can take to practise self-care and afford yourself the same compassion that you willingly give to others? Remember, no self-blame. We can rest in Christ for He is our refuge, our strength, our power. We cannot minister effectively any other way.

But I will sing of your strength, in the morning I will sing of your love; for you are my fortress, my refuge in times of trouble. You are my strength, I sing praise to you; you, God, are my fortress, my God on whom I can rely. (Psalm 59:16-17, NIV)

May this be your song as you move forward in your FCN ministry and every aspect of your life in 2019.

References

1. Ashfield, J, 2017, *Straight talk about self-care for human service workers*, YouCanHelp Publishing, Australia, 2017, p. 6. <https://youcanhelp.com.au/item/12-wake-up-to-yourself.html>
2. Ibid, p. 9
3. Ibid, pp. 9-10
4. Barr, A, 2006, 'An investigation into the extent to which psychological wounds inspire counsellors and psychotherapists to become wounded healers, the significance of these wounds on their career choice, the causes of these wounds and the overall significance of demographic factors', *The Green Rooms*, viewed 14 December, 2018, <http://www.thegreenrooms.net/wounded-healer/>

Tina the Tree is available from Koorong Bookshops or the Lost Sheep website in hard copy or electronic versions <https://www.lostsheep.com.au/stories/tina-the-tree/>

Anne van Loon & Vicky Legge, 2018

Become a better support person



I had an ‘Aha!’ moment this week—that moment when a revelation suddenly drops into your consciousness with a jolt and you go ‘Aha! Why didn’t I see that before?’

Knowing that a single friend was really sick this week, I went along my merry way, not thinking of the implications for her. She couldn’t get out of bed to prepare food, get to a doctor or do anything that would be a comfort to her, which compounded her illness. It wasn’t until an ambulance took her to hospital that the ‘Aha!’ moment occurred. ‘What are the implications for her and her family at this time?’

Maybe my learning will be useful to you as you care for others. Here’s four steps to becoming a better support person.

1. What are the implications for the other person?

We talk to people on Sundays and catch glimpses into their lives, but during the week we get caught up in our own world, doing our own thing and may not connect the dots. We need to think about the situation from the other person’s perspective. How will this affect them this week and into the future?

We are better at seeing some situations than others. For example, for an elderly man whose wife has died we might respond with meals because he may not know how to cook; or when an elderly woman’s husband dies, she may have no idea how to manage the finances. We need to think about how to help her by teaching her to use internet banking or helping her with her budget. We have standard responses to some situations but sometimes we need to think, observe and ask what support the individual may need and reflect on the best ways to support them.

What does reflecting on the implications look like in practice? Here’s three examples:

1. A single parent is sick. Consider who’s picking the kids up from school. Who’s cooking? How do they get to medical help without taking all the kids with them? What are the implications of sickness on them and their children?

2. Someone shares with you that a work colleague has died. What does that mean for them? Loss of friendship? Increased workload to cover for the person at a time when they are grieving? Can we lighten their load elsewhere to make the situation more manageable? Do they have to support other workers? Do you know of any support services that may help?
3. A 45-year-old man loses his job. We might make job suggestions with connections we have, but what about his self-esteem? Has his identity as bread winner made things harder?

2. Being practically specific

Help is more likely to be accepted if it's a definitive offer rather than a generic 'Ring me any time you need...' offer. If we have thought about the implications for the person, we can then ask them and not assume we know what they need. We can then make an offer of help that is more specific to their needs. Examples:

1. Would you like me to pick the kids up from school on Wednesdays and Thursday? We'd like to bring around a meal for you and the family on Thursday, would that suit?
2. Can I organise someone to take your place on the morning tea roster this quarter, so that's one less thing for you to think about over the next three months?
3. Did you know there's a men's shed that meets weekly? I can connect you with Bob who goes there?

Being specific and practical is better for the person. We offer what fits with our situation. A helpful statement to learn is: 'This is what I can do for you (insert name) at this time.'

3. Connect to others

As FCNs we don't have to meet a person's every need, but we do need to know where to connect them in their local community to get other needs met. FCNs and pastoral health and care workers can create a resource and referral folder that details local services, what they provide and how to access them. It helps to collect the brochures of useful services so you can leave the information sheets with people. Examples:

1. Connect a young mum to people her age so she can grow an informal support network.
2. Offer information on local grief support groups and also services who could visit someone's workplace to provide information.
3. Offer to connect someone unemployed with a local community centre that helps people update resumes and write job applications.

4. Self-care

Boundaries and being specific in what you can provide is part of self-care. You can't care and support others if you are working from an empty tank. Keep refilling your caring tank. Take time out to rest, relax, fill yourself from the source of love God through communing with the creation and the creator.

Putting legs on it

Think of one person/situation you are supporting:

- What are the implications for them?
- What is one practical and specific activity you can offer?
- Who else can you connect them to?
- Finally, schedule self-care into your diary each week.

Vicky Legge, 2018
AFCNA Board member

Snippets and prayer points

Marabel Kersey, a devoted FCN educator and member of Nurse Christian Fellowship International, has travelled all over the world teaching the FCN international curriculum. She is retiring at the end of 2018 and AFCNA wishes to thank her for her dedicated service in many and varied places around the globe. Blessing in retirement Marabel, and may the fruits of your labor of love bear a rich harvest to the glory of God and the healing and salvation of many people. Thank you so much Marabel.

Please pray for the ministries Marabel helped establish and for her health and wellbeing in retirement.

Westberg Symposium for Faith Community Nursing is on April 8-10, 2019. The title is 'In These Times: Serving Through Adversity' and it will be held at First Baptist Broad Church Memphis, USA. The keynote speaker is well known author Philip Yancey. These conferences are a real blessing so if you have never been to one, we really recommend you try and make it. Information and registration via website <https://westberginstitute.org/symposium2019>.

Please pray for organizers, participants and speakers that many will be blessed by this conference.

Lutheran FCNs are having their annual international study tour in 2020 in Alice Springs, Australia. The tour will include visits to the Royal Flying Doctor and the former Lutheran Mission site at Hermannsburg, and sight-seeing to Standley Chasm and Uluru. Registration and more information from robert.wiebusch@lca.org.au

Please pray for organizers, participants and speakers that many will be blessed by this tour.

Germany's FCN program is termed 'Vis a Vis...' (Face to Face) and is headed by Angela Glaser.

Please pray for FCNs in Dűdenhof who are reaching out to refugees in a nearby camp.

Ukraine is in difficult circumstances and FCN Pam D'Andre says they have 10 teams working in cities and villages across Ukraine. They work hard to stay connected, encouraged and educated aiming to have master classes so that FCNs can learn content for seminars they can take to their own regions.

Please pray for them and for the country as martial law has been announced in some regions. Please pray for protection of the FCNs, for peace and for God's will to be done in Ukraine.

Hungary is having its first conference on 23rd February, 2019 to try and open the door to faith community nursing ministry in that nation. Hungarian Baptists contacted Helen Wordsworth and she will present the role and its many benefits in February.

Please pray for the team organizing this new FCN outreach in Hungary.

In **Canada**, the Association for Parish Nursing Ministry has its annual meeting May 23–26, 2019. FCN groups meet within various provinces across Canada.

Please pray for our Canadian FCNs as they seek to grow their reach in that country.

Christ-centred mental health: Christian nurses, doctors and health workers with an interest in mental health are invited to connect with AFCNA. A small group of committed Christian mental health workers and FCNs are currently discussing the development of a Christ-centred mental health first aid course. They are also considering on-going curricula re mental health support from a Christian holistic perspective. If you are interested in participating in this dialogue let us know afcna@outlook.com.

Please pray as we seek to obtain a health-giving responsive approach to mental health disorders that consider the human spirit and the Christian faith within that response.

Resources

Review of the Quality Use of Medicines Program's delivery

The Department of Health is inviting submissions to inform the Review of the Quality Use of Medicines Program's delivery by NPS MedicineWise. NPS MedicineWise provides evidence-based information, support tools and education services to health professionals and consumers to improve the quality use of medicines and diagnostic services in Australia. Email or mail submissions by 5 pm, **24 January 2019** to NMP@health.gov.au or PO Box 9848, Canberra, ACT, 2601. More information can be found at <https://consultations.health.gov.au/technology-assessment-access-division/review-national-prescribing-service-delivery-quali/>

Third Atlas of Healthcare Variation

Third Australian Atlas of Healthcare Variation was released 11 December, 2018. Total spending on health in Australia was \$180.7 billion in 2016–17 so it is important to see where savings can be made so funds may be directed more effectively. The report explores the extent to which healthcare use in Australia varies depending on where people live and seeks to work out why these variations might be occurring. Some groups with the highest burden of disease are experiencing the lowest rate of related investigations or treatments, suggesting barriers to appropriate access need further investigation.

A few interesting findings for FCNs include:

- Many interventions could be reduced by better prevention activities. For example, addressing lifestyle-related risk factors such as obesity and smoking could prevent significant proportions of cardiovascular disease and bowel cancer. FCN support in making these behaviour changes can aid success.
- There are high rates of planned early caesarean sections in healthy pregnancies with as many as one in five caesareans at 37 weeks or younger having no medical indication. It is important that prospective parents are provided with clear information about the short-term and long-term risks of early planned caesarean section, so parents can provide fully informed consent.
- There was high antibiotic use among children. Antibiotics do not help viral illness so informing parents on the best management of viral illness is important.

You can read the full report at: <https://www.safetyandquality.gov.au/atlas/the-third-australian-atlas-of-healthcare-variation-2018/>

Indigenous Palliative Care and End-of-Life Care resources

Palliative Care Australia and [Australian Indigenous HealthInfoNet](#) launched a Palliative Care and End-of-Life resource portal for Aboriginal and Torres Strait Islander people, their families and communities. It will assist health workers to help people plan ahead with culturally appropriate palliative end of life care, and grief and bereavement support.

Source: <https://healthinonet.ecu.edu.au/learn/health-system/palliative-care/>

Carer Gateway

The Australian Government is rolling out new early-intervention services and support for carers in 2019. Support services can help carers reduce stress, improve wellbeing and get the support they need before reaching a crisis point. Source: <https://www.carergateway.gov.au/education-resources-for-carers>

Carer Gateway has an excellent 'Find a service' page that connects the carer with appropriate local services that match their situation and caring needs in four easy steps. This can be a real time saver for FCNs as a useful, quick way to find local services near the person.

Source: <https://www.carergateway.gov.au/find-a-service>

Elder abuse and proposed reforms

Australia's population is ageing. Approximately 15% of the population was aged 65 and over, in 2014–15. This is projected to rise to 23% by 2055. This report makes recommendations in many areas for law reform that will protect elderly people from abuse. The response is framed by principles of dignity and autonomy, which is balanced by protection and safeguarding. It is a worthwhile read to comprehend this increasingly prevalent issue that FCNs are sure to come across in their practice.

Australian Law Reform Commission into Elder Abuse (ALRC) Australian Law Reform Commission. *Elder Abuse—A National Legal Response Final Report*. Commonwealth of Australia, Canberra. May 2017. Available at:

https://www.alrc.gov.au/sites/default/files/pdfs/publications/elder_abuse_131_final_report_31_may_2017.pdf

Residential Aged Care Communiqué 2018

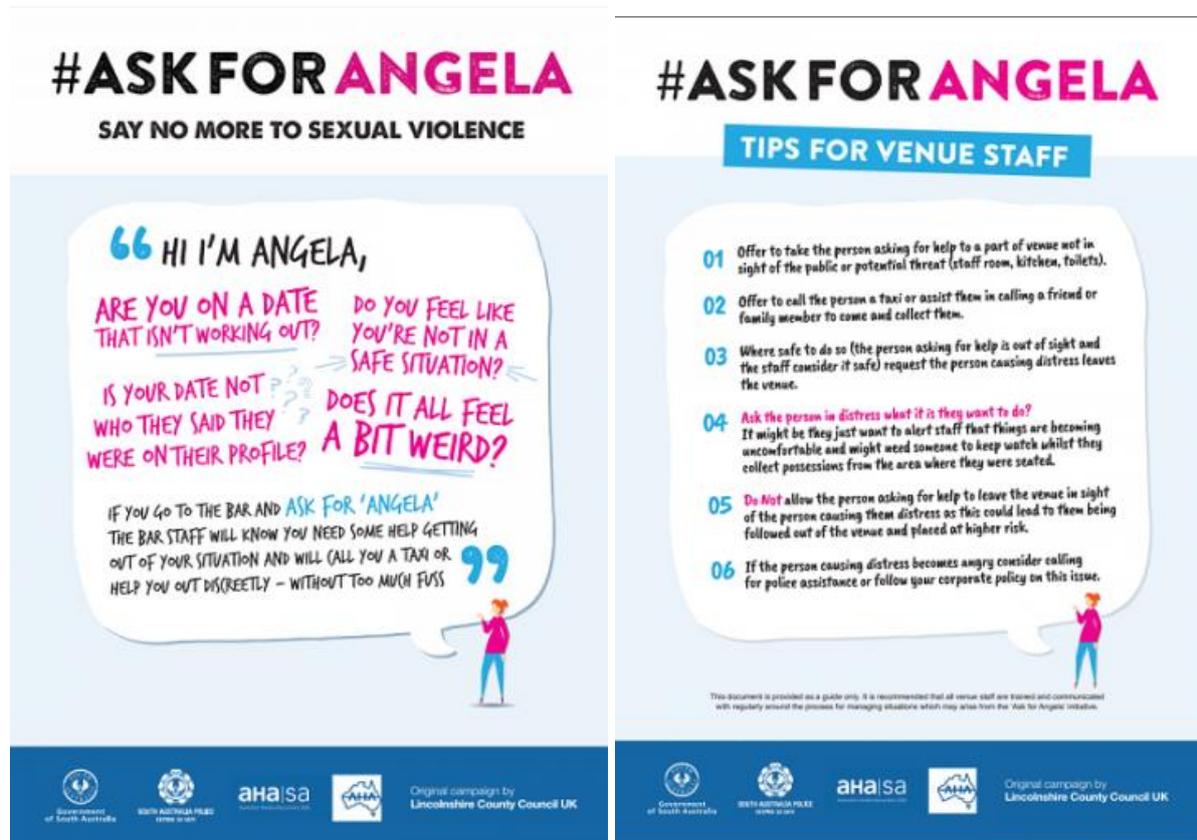
The November issue deals with the Coroner's Inquest findings into a resident's death at an aged care facility in Oakden, South Australia. (This facility has since been closed.) It provided care to older people with mental health needs. The inquest findings make for a sobering read and demonstrate the need to keep nurses and aged care workers focused on the whole person, and to practice ethically to quality standards. The Department of Forensic Medicine at Monash University publish this free quarterly newsletter and it is sent to your preferred email address by subscribing at their website <http://vifmcommuniques.org/subscribe/>.

Ask for Angela



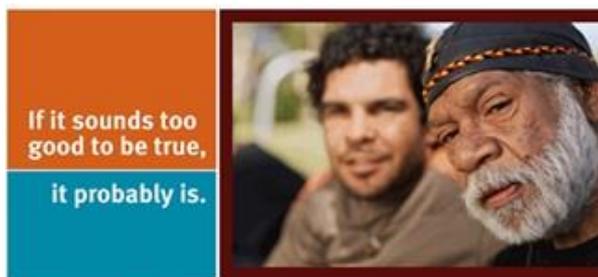
This is an international campaign introduced into Australia to promote women's safety in licensed venues. If a patron asks a staff member for 'Angela' the venue staff are alerted to the fact that person feels unsafe and needs assistance. The site has PDF copies for staff preparation and community posters for venues.

This may be an important aspect for FCNs to consider educating young women about in your church's youth groups.



'Ask for Angela' posters available from <https://www.cbs.sa.gov.au/resources/ask-angela-poster#>

Beware of Scams



A national campaign launched to help Indigenous consumers identify and avoid scammers.

A short video is available at <https://www.youtube.com/watch?v=kLTHjOMbV2g>.

There are numerous helpful video clips to assist Indigenous people to avoid being 'ripped off'. It is worth getting young people and older people to view these videos and talk about them. They cover topics such as hire purchases, buying cars, funeral insurance, sales pressures, 'something for nothing' scams, shopper rights and more. Available at: <https://www.cbs.sa.gov.au/indigenous-consumers>

Summer safety

As we plan for summer holiday and festivities around Christmas, it's important to remember that summer poses high risk of drowning in Australia, especially for children. There were 27 children under the age of 15 who drowned in Australia in 2017–18 and swimming pools were the key location.



- Portable pools should be emptied after use or appropriately fenced. Fencing laws apply to **any** type of pool filled with more than 30 cm of water.
- Ensure locks on pool gates are working and check your pool gate latches close properly.
- Always supervised kids around water.

Caution about Quad bikes

Tragically, at least 124 Australians died from quad bike accidents between 2011-17. Heaps more have been seriously injured and some now live with permanent disabilities. Around 60% of all people who died were not wearing a helmet! Quad bikes are not 'All Terrain Vehicles' and recreational users account for half of all accidents. Simple preventative measures include:

- be trained and read your operator's manual re safe riding practices
- always wear a helmet and protective gear (goggles, long sleeves, long pants, boots, gloves)
- **never** let children ride adult quad bikes (1 in 7 accident were with children under 14 years)
- never carry passengers on quad bikes designed for one person
- never ride under the influence of alcohol or drugs
- always carry a mobile phone or radio device and tell someone where you are going and when you expect to return.

Source: <https://www.productsafety.gov.au/news/safe-summer>

AFCNA Membership is due

It's 2019 and we would love you to renew your membership or join AFCNA. Currently it's only \$30 and your membership allows AFCNA to keep you networked with newsletters, conferences, resources, access to the online education portal, and our website members only content www.afcna.org.au. Your fees also enable us to provide scholarships to support FCNs and keep an ecumenical Christian presence in the profession of nursing via CoNNMO membership.

Please renew your membership and invite others to join us as we seek to develop pastoral health and care ministry via faith community nurses. Your membership is vital.

You can sign up and pay via the net at <http://afcna.org.au/members-options/> or complete and send us the form below, paying with a cheque or via internet transfer.

Australian Faith Community Nurses Association MEMBERSHIP 2019		
Name	Address	
.....	Postcode Phone (.....).....	
Mobile.....	Email	
1. I am happy to be included in AFCNA networking via the AFCNA data base	Yes <input type="checkbox"/> No <input type="checkbox"/> (privacy assured)	
2. Practising FCN/Health Ministry	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Current AHPRA Registration	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. I consent to my details being shared with AFCNA members' prayer network.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Newsletter: email or Australia Post (please circle preference)		
Signed: _____		
Full membership (\$30.00/year) <input type="checkbox"/>	Concession (\$20.00/year) <input type="checkbox"/>	Donation: AFCNA General Fund <input type="checkbox"/>
Electronic transfer: Australian Faith Community Nurses Association Incorporated BSB: 704-874; Account No. 100009636 Please insert your name as the reference code		
Make cheques payable to: Australian Faith Community Nurses Association		
Mail to: Treasurer, Australian Faith Community Nurses Association, PO Box 2707, Kent Town, SA 5071		

Please submit your photos and stories for *WholeHealth* to afcna@outlook.com or send to annevanloon@internode.on.net.
Ph 08 8278 8274.

Deadline for next issue: 30 March 2019

Your snippets and stories are essential for the content of the newsletter to be both informative and share the joys and opportunities of the FCN role.

OUR AIMS

- Provide education, resources and networking for nurses working in faith communities
- Provide resources, education and consultancy to faith communities to enable viable health & care ministry
- Liaise with government and other organisations to further the FCN ministry
- Enable FCNs to meet their professional practice requirements

CONTACT US

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Facebook: [Australian Faith Community
Nurses Associations](#)

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