



HEALTH SCIENCE PROFESSIONALS

HSPBA Professional Development Fund

Application Form

- For education/training commenced between February 10, 2020 to December 31, 2020.
- Submit this form to your local contact listed below.
- Applications will be considered on a first-come, first-served basis while funds are available. Applications are restricted to one per member up to \$300 in costs until March 31, 2022.

Applicant Details

I acknowledge the funding criteria listed below

Name: _____

Worksite: _____

Employer: NHA IHA FHA VCH

 VIHA PHSA PHC

Lower Mainland Consolidated Service, specifically: _____

Other (describe): _____

Discipline: _____
(e.g. Physiotherapist, Psychologist)

Job title: _____

Department / Program / Team name: _____

Employment status: Regular Full-time or Part-time Casual

Temporary - temporary term end date: _____

Contact Information

Home address: _____
(STREET ADDRESS --- CITY --- POSTAL CODE)

Daytime home / cell number: _____

Phone number at work: _____

Personal email address: _____

Note: Your decision letter will be sent to your personal email address

Description of Education / Training for which Funding Support is Requested

Identify the type(s) of professional development event / instruction:

Workshop

Course

Seminar

Program

Conference

Clinical Placement

Distance Learning

Other - Describe: _____

Name of course(s), workshop or instruction event: _____

Name of education / training provider / institute: _____

Course Delivery (i.e. in-person, or online, or a combination): _____

Location of course: _____
City and Province; City and USA State; or City and other international country

Start date(s) for event(s) / course(s) / instruction: _____

Completion date(s) for requested event(s) / course(s) / instruction: _____

Registration deadline, if applicable: _____

Yes, I have attached the education provider's outline of, or link to, the requested event / instruction. The web link is: _____

Describe the event's / instruction's content as serving the following professional development purpose: _____

Other notes:

Cost of Education / Training for which Funding Support is Requested

If you are applying for funding support for the cost of education *outside Canada*, i.e. within the USA or other international country, please provide your rationale, e.g. describe how the education / training is highly specialized and not available within Canada:

Cost of tuition fees Not applicable

Description: Amount \$ _____

Cost of registration fees Not applicable

Description: Amount \$ _____

Cost of exam fees Not applicable

Description: Amount \$ _____

Cost of other reasonable education / training-related expenses Not applicable

Description: Amount \$ _____

Notes:

Total dollar amount requested: \$ _____

Funding From Any Other Source

I have received or anticipate receiving some funding support for this same event / instruction from another source:

No

Yes. If yes, please provide the amount and describe the funding support(s)

Signature and How to Submit Your Application

Signature

Date Signed

Send your completed form to:

- If you are a member of CUPE 15, to Mark Gloumeau: mgloumeau@cupe15.org
- If you are a member of CUPE 1978, to Lindsay Fumalle: lindsay.fumalle@cupe1978.com
- If you are a member of CUPE 4816, to Zac Der: Zachary.j.der@gmail.com

Privacy Statement

CUPE is committed to using the personal information we collect in accordance with applicable privacy legislation. By completing this form you are consenting to have CUPE use the submitted information for the purposes of conducting our representational duties as a union, and in providing services to our members.

Funding Criteria

- Applications will be considered on a first-come, first-served basis, while funds are available
- Maximum \$300 / member and maximum one application / member will be reimbursed from February 10, 2020 - March 31, 2022 (i.e. if a course is less than \$300, the actual cost will be reimbursed and the applicant member cannot apply again under this fund for the duration of the collective agreement term)
- Reimbursement will be made upon proof of payment and proof of course completion i.e. if a course is not attended or is cancelled, for whatever reason, no reimbursement will be given and the member must reapply, with this new application to be considered on a first-come, first-served basis, while funds are available
- Applications will be considered for tuition or fees for courses, programs or conferences (not the cost of travel, books or materials or wage replacement) related to professional development in a health science discipline being practiced in the public health care system