

HEALTH SCIENCE PROFESSIONALS

HSPBA Professional Development Fund

Application Form

- For education/training commenced between April 1, 2025 to March 31, 2026
- **Application Form to be submitted ASAP and no later than October 31, 2026**

Applicant Details

☐ I have read the FAQ (Frequently Asked Questions) document

Name: _____

Worksite: _____

Employer: ☐ VIHA ☐ FHA ☐ VCH

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: _____

Union membership status:

- ☐ Yes, I am currently a member of CUPE whose employment is covered by the HSPBA/HEABC collective agreement.

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

Name of professional development education/training: _____

Identify the professional development delivery mode:

- ☐ Workshop ☐ Course ☐ Seminar ☐ Program
- ☐ Conference ☐ Clinical Placement ☐ Distance/Virtual Learning
- ☐ Other – describe: _____

Name of education/training provider or institute:

Commencement (start) date for requested education/training. (This is typically not the date of the receipt for payment of the requested education/training.):

Completion date for requested education/training:

- ☐ Yes, I have attached the education provider's outline of, or link to, the requested education/training. The web link is:

- ☐ No, I have not attached an outline or link, because neither is available. Instead, I describe the education/training content as serving the following professional development purpose:

Details of Application Category

My application, if approved, would be under the category of (please check all applicable categories):

- ☐ on-going required professional development.
- ☐ training and upgrading skills for members working in a profession experiencing shortage.
- ☐ training and upgrading skills for members working in a profession in rural or remote location.

If applicable, please state the name of the community in which your rural or remote worksite is located, as well as the name(s) of any other community (including First Nations communities) to which you travel to provide service:

Indicate below how your proposed education/training will prepare you to achieve and maintain rigorous educational standards, ensuring the development of best practices for the discipline being practiced in the public health care system:

Part A: Cost of education/training for which funding support is requested

Cost of tuition fees \$ _____ ☐ Not applicable

Cost of mandatory registration/school/student fees \$ _____ ☐ Not applicable

Cost of required books/materials \$ _____ ☐ Not applicable

Cost of exam fees, including certification exam fees \$ _____ ☐ Not applicable

Cost of other reasonable education/training-related expenses* \$ _____ ☐ Not applicable

*Describe the other reasonable education/training-related expenses. This may include local ground transportation (e.g. \$0.61/km traveled) and parking.

Total dollar amount requested for Part A Cost: \$ _____

Part B: Reasonable cost of travel and/or accommodation if necessary to travel or temporarily relocate to attend education/training or related clinical placement if it is not available locally or virtually

Cost of travel (subject to maximum as stated in Eligibility and Funding Guidelines):

☐ Not applicable

☐ Applicable – describe:

Cost of Travel \$ _____

Cost of accommodation (subject to maximum as stated in Eligibility and Funding Guidelines):

☐ Not applicable

☐ Applicable – describe:

Cost of Accommodation \$ _____

Cost of other travel related expenses (parking, ferry, mileage, transit):

☐ Not applicable

☐ Applicable – describe:

Cost of Other \$ _____

Total dollar amount requested for Part B Costs \$ _____

Total dollar amount requested for Part A and Part B Costs: \$ _____

Funding from any other source

I have received or anticipate receiving some funding support for this same event/instruction from another source, including, but not limited to, my employer or another Professional Development Fund:

☐ No

☐ Yes. If yes, please provide the amount and describe the cost(s) and source of funding support:

How to Submit Your Application

☐ I confirm that all information provided in this application is true and correct to the best of my knowledge.

Applications will be considered for funding support in the order they are received, while funds last.

- Download the application form
- Complete the application form electronically
- Save the completed form in PDF format only
- Attach and email the saved form to your CUPE local:

Local 15 | email@cupe15.org

Local 1978 | hspba@cupe1978.com

Local 4816 | president@cupe4816.ca

- For those who wish to submit applications in hard (paper) copy by mail, please email the respective contact for your local listed above for directions

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. For further information please contact CUPE Health Coordinator Andrew Ledger at aledger@cupe.ca

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