



Joint
Bill 29

APPLICATION FORM

Fill out this form if you paid to retrain in the past or are planning to retrain in the future.

Complete this form in ink (please print) and ATTACH the following:

- Proof of *registration* for the retraining program/course (if already completed).
- Proof of *payment* for the retraining program and course materials (if already completed).
- Proof of retraining program *completion* (if already completed).
- OR -
- Proof of *acceptance or registration* for the retraining program/course (if not yet completed).
- OR -
- Confirmation* of being on a waitlist for the retraining program/course (if not yet started).

**DEADLINES FOR APPLICATIONS = OCTOBER 31, 2009
FOR COURSES STARTING ON OR BEFORE
SEPTEMBER 30, 2010**

JOINT BILL 29 COMMUNITY RETRAINING FUND APPLICATION FORM

SECTION A: Employee Information

- ARE YOU COVERED BY THE 2006-2010 **COMMUNITY SUBSECTOR** COLLECTIVE AGREEMENT?
 Yes No
- DID YOU LOSE YOUR JOB AS A RESULT OF LAY OFF DUE TO CONTRACTING OUT? IF SO, DATE OF LAY OFF _____

01 Last Name

02 First Name and Initial(s)

NOTE: If you receive money from this Fund, and you received Employment Insurance (EI) as a result of your layoff, EI may attempt to recover the monies they paid to you. Please contact your local EI office for further details.

03 ALL CORRESPONDENCE WILL BE MAILED TO THIS ADDRESS

Street Address/Box Number

Apartment /Suite Number

04 *City/Town*

05 *Province*

06 *Postal Code*

07 *Area Code* *Home Phone Number*

Area Code *Cell/Pager Number*

Area Code *Work Number*

08 *E-Mail Address*

Extension

SECTION B: Employer Information

09 *Employer (please check one):*

- Vancouver Coastal Health Authority Fraser Health Authority Northern Health Authority
 Vancouver Island Health Authority Interior Health Authority Provincial Health Services Authority
 Affiliate

10 *Worksite:* _____

11 *Worksite Address:* _____

12 *Union:* _____

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SECTION C: Course/Program Information

HAVE YOU ALREADY TAKEN A COURSE? Yes No

DO YOU WANT TO TAKE A COURSE? Yes No

13 *Name of School*

14 *Location*

15 *Course Name (and Number)*

16 *Course Hours per week*

17 *Course Start Date (yy/mm/day)*

18 *Course End Date (yy/mm/day)*

19 *Have you been accepted to take this course?* Yes No

18(a) *Cost of Course* _____

20 *Are you on a waitlist?* Yes *Projected start date:* _____

21 *Please explain how this course will help in your current job or future career goal in health care (within the **Community Subsector Bargaining Unit**):*

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FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY DECLARATION FOR FUNDING APPLICATION

Declaration (important – read and sign):

I declare that the information that I have provided in this application form is, to the best of my knowledge, correct and complete.

I understand that: the information I have provided will be used to determine my eligibility for funding from the CBA Education Fund.

I agree that: by signing below I give permission for the exchange of information between the Education Fund, my employer, educational institutions, and other funding sources for the sole purpose of verifying and/or investigating information in this application and related documents.

I agree that: I will participate in a follow-up survey to help the CBA Education Fund determine the success of the program.

Collection and Use of the Information:

The personal information on this form will only be used for two (2) purposes:

- to determine eligibility for funding by the CBA Education Fund; and
- to gather statistics for use in reports (for example: the number of applications from care aides, the types of training funded, etc.)

Signature of Applicant: _____ Date Signed: _____

Print Name: _____

SECTION E: Checklist

- Confirmation of course registration and confirmed start date **attached**.
- Confirmation of Employee Status and Leave Approval Form **attached**.
- Application completed and signed in ink.**

Mail the completed application and other documentation to:

Attention: Julie Eckert, Staff Representative
B.C. Government and Service Employees' Union
4911 Canada Way
Burnaby, BC V5G 3W3
Telephone: 604-473-5403

JE/cmg\cope 378\Joint Retraining Committee Application Form (rev)

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