**FBA** education fund

# SHORT-TERM TRAINING APPLICATION FORM

*Before completing this application please read the Overview of Short-Term Training Criteria document located on the HEU website* http://www.heu.org/education/fba-education-fund

## SECTION A: Employee Information

ARE YOU COVERED BY THE 2010–2012 **HEALTH SERVICES & SUPPORT FACILITIES SUBSECTOR** COLLECTIVE AGREEMENT? ☐ Yes ☐ No

01 *Last Name*

02 *First Name & Initial(s)*

03 ALL CORRESPONDENCE WILL BE MAILED TO THIS ADDRESS

*Street Address*

*Apartment/Suite Number*

04 *City/Town*

05 *Province*

B C

06 *Postal Code*

07 *Area Code Home Phone Number*

-

*Area Code Cell/pager Number*

-

*Area Code Work Number*

-

*Extension:*

08 *Email Address*

09 *Employee Number*

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

**SECTION B: Employer Information**

10 *Employer (please check one):*

☐ Vancouver Coastal ☐ Interior ☐ Affiliate
☐ Vancouver Island ☐ Northern ☐ Shared Services Organization
☐ Fraser ☐ Provincial

11 *Work Site:*

_______________________________________________________________

12 *Work Site Address:*

__________________________________________________________

13 *Union:*

____________________________________________________________________

**SECTION C: Course/Program Information**

14 *Name of School*

15 *Location*

16 *Course Name (and Number)*

17 *Course Hours per Week*

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

| 2 | 0 | 1 | |
|---|---|---|---|

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

| 2 | 0 | 1 | |
|---|---|---|---|

20 *Confirmed?* ☐ Yes ☐ No

21 *Are you on a waitlist:* ☐ Yes *Projected Start Date:*_________________________________

22 *Please explain how this course will help in your current job or future career goal in health care (within the* ***facilities subsector*** *bargaining unit):*

___

___

___

___

___

___

**SECTION D: Course Costs and Funding Information**

23 *Course Costs:*

Tuition: $_________________________________

Lab Fee: $_________________________________

Books/Materials: $_________________________________

Practicum: $_________________________________

Other: $_________________________________

**Total Course Costs:** $_________________________________

**SECTION E: For Statistical Purposes**

24 *Date of Birth:* Year _______ Month _______ Day _______

25 *Gender:* ☐ Male ☐ Female

26 *Marital Status (check one box only):*

☐ Single ☐ Single Parent ☐ Married ☐ Common-Law ☐ Separated/Divorced

27 *Number of Dependants:*

Under 18 years of age ☐ Over 18 and in full-time school/study ☐

28 *Length of Service in health care:* ___________________________

29 *Current Classification (job title):* ___________________________

30 *Employment Status:*

☐ Regular full-time ☐ Regular part-time ☐ Casual

31 *Regularly Scheduled Hours of Work (in a two-week pay period):*
____________________

32 *Average Casual Hours of Work (in a two-week pay period):*
________________________

## 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 FBA Education Fund.

**I agree that:** by signing below I give permission for the exchange of information between the FBA 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 FBA 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 FBA 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:

________________________________________________

Print Name:

________________________________________________

Date Signed:

________________________________________________

**SECTION F: 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:

> **FBA Education Fund**
> **c/o 5000 North Fraser Way**
> **Burnaby, B.C. V5J 5M3**

**FBA** education fund

CONFIRMATION of EMPLOYEE STATUS and LEAVE APPROVAL FORM

## SHORT-TERM TRAINING

**EMPLOYEE**, PLEASE COMPLETE:

Name of Employee: _______________________________________________________

Position: ____________________________ Dept. _______________________________

Classification: ________________________ Status: ☐ Full-time ☐ Part-time ☐ Casual

Unpaid Leave requested for the following dates: _________________

*If no leave required, put N/A _________________

Casual employees: if requesting equivalent to unpaid leave, please submit payroll proof of hours and shifts worked in the six months prior to this application (i.e. application date June 2010; proof of hours and shifts worked from December 2009 to May 2010 must be provided).

---

**EMPLOYER**, PLEASE COMPLETE ***(even if unpaid leave not required)***:

Is employee covered by the 2010-2012 Health Services & Support Facilities Subsector collective agreement? ☐ Yes ☐ No

Regular Employee status: __________ FTE (1.0, 0.5, 0.8, etc.)

Casual Employee: 488 hours of work completed? ☐ Yes ☐ No

Is this employee currently on any other leave? ☐ Yes ☐ No

If yes, please explain. ___________________________________________

___________________________________________

__________________________________ ________________________________

Employer Name *(please print)* Title

___________________________________
_________________________________
Signature Date

Work Site Name: ____________________________________________________

Employer Phone: _______________________ Email: ___________________________