

RCH FOUNDATION EDUCATION GRANT APPLICATION FORM

Employee Name: _____ Application Date: ____ / ____ / ____

E-mail Address: _____ Phone: _____

Unit / Department: _____ Length of Employment at RCH ____

(2 years consecutive minimum)

Start Date at RCH: Month: _____ Day: _____ Year: _____

Discipline: _____ Approx. Shifts per Month: _____

Full Time Part Time Casual On Fraser Health Payroll? Yes No

Is RCH your primary site of employment? Yes No

Have you received funding from the Foundation in the last 2 years? Amount: \$ _____

PROGRAM INFORMATION

Conference / Workshop Name: _____

Conference / Workshop Location: _____

Early Bird Registration Deadline: ____ / ____ / ____ Start Date: ____ / ____ / ____ Length: ____ (days)

* Applications are reviewed at the Committee meeting just before to the Early Bird Registration Deadline.

Please provide a brief description of the conference/workshop **AND** attach documentation.

Why do you wish to take this conference/workshop?

How will this conference/workshop benefit Royal Columbian Hospital?

MANAGER'S SECTION

Will this staff person require any back fill? No Yes back fill is required, please explain:

Will there be any operational financial impacts and/or staffing issues anticipated (i.e. lack of casuals to cover leave)? No Yes, please explain: _____

How will this conference/workshop benefit this staff person in the work they are already doing or in the work they might do in the future? _____

How will this conference/workshop benefit your program and Royal Columbian Hospital?

Explain how this conference/workshop supports education/professional development and not operational use?

Please outline the specific plan of how the learnings from the conference/workshop will be shared back to your program/unit.

Have you exhausted other available funding? Yes No, please explain _____

Manager Signature

_____/_____/_____
Date

Manager Name and email

Program Name

*By approving this application I agree to put the employee's Expense Report through my cost centre. Finance will then invoice the Foundation for all allowable expenses and my cost centre will be reimbursed. My cost centre will **not** be reimbursed for expenses that the committee does **not** allow. The Education Grant Approval Memo will list allowed/disallowed expenses. I may also contact Feroza Jamal at the Foundation office for further clarification (604-520-4144 ext).*

