

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 Zahra Stark at zahra.stark@fraserhealth.ca for further clarification.*

FUNDING

I am applying for reimbursement of the following conference/workshop costs: (please attach information for each category below)

- Registration \$ _____ Only the Member Early Bird rate (or Early Bird rate if there is no further discount for members) will be reimbursed. Membership fees/dues will not be reimbursed.
- Airfare \$ _____ Not covered: parking, transit, shuttles, taxis or food.
- Other Travel* Whistler (\$35) Kamloops (\$85) Kelowna (\$95)
 Victoria (\$65) Nanaimo (\$60) Bellingham (\$20) Seattle (\$60)
- Accommodation \$ _____ Accommodation will be funded only for the length of the conf. (i.e. 3 nights stay for a 3 day conference). Extra nights will not be reimbursed.
- **Total Cost** \$ _____ (Canadian funds please)

* Costs for travel within the Fraser Health footprint and/or lower mainland are not covered. Locations that are more economical to drive (or bus) to are indicated in this list. The amount in brackets is the maximum cost that will be reimbursed regardless of the method of travel. Please supply gas or other receipts.

Parking, buses, shuttles, taxis, internet usage and food ARE NOT eligible expenses and will not be reimbursed.

Education Grants provide up to \$1,400 per person per every 2 fiscal years in funding. **The applicant is responsible for the balance of costs.**

DISCLOSURE

- Have you applied for other funding for this course/workshop? Yes No
- If yes, please specify source _____ and amount \$ _____
- I am committed to attending all relevant sessions Yes No
- I will share what I've learned with my program/unit within 30 days of my return Yes No
- I will submit a thank you card / letter acknowledging the grant I have received Yes No

_____/_____/_____
Employee Signature Date

Please mail completed application to: Zahra Stark, RCH Foundation, Health Care Centre Lobby.

On approved applications, all original receipts must be submitted **within 2 months** of conference / workshop. Cheque will be issued only after all receipts are received.

COMMITTEE APPROVAL

_____/_____/_____
Co-Chair, RCH Education Grants Review Committee Date

Approved Amount: \$ _____ Fund _____

Declined Reason: _____

INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.