**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 Jennifer Atkinson at* [*jennifer.atkinson@fraserhealth.ca*](mailto:jennifer.atkinson@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 drop off/ mail completed application to: Jennifer Atkinson, 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.**