



REGISTERED PSYCHIATRIC NURSES

RPN Professional Development Fund Application Form

For HSA members covered by the
Nurses Bargaining Association collective agreement

Applicant Details

Name _____

Worksite _____

Department _____

Job Title / Discipline _____

Regular Employee: Y / N

Casual Employee: Y / N

Full-time: Y / N

Part-time: Y / N

Contact information

Street _____

City _____ Postal Code _____

Work Tel _____ Home Tel _____ Cell _____

Personal e-mail _____

Program

Course/Program/Conference _____

Educational Institute/Sponsoring Organization _____

Course Start Date _____

Course Completion Date _____

(Please attach or include a link to a course/program outline describing course, times, credits etc.)

Tuition/Course Fees _____

Amount applying for (*the fund does NOT cover wage replacement*) _____

Who referred you to this program?

HSA

Employer

Self

Other _____

Describe why you are applying for funding. How will this education contribute to your professional practice and career advancement? (200 words or less)

If you received or anticipate receiving any funding from any other source, provide details:

Have you previously received education funding from HSA? Y / N

If yes, please describe:

Signature

I confirm that all of the information provided is correct to the best of my knowledge.

Signature:

Date:

How to Apply

Please send your completed application by e-mail to rpnpd@hsabc.org.

Applications will be reviewed on a rolling basis until funding is exhausted.