

Madden Memorial Education Fund Application Form



Revised: July 2024

The Madden Memorial Education Fund was established in 1984 following the death of Joe Madden, who was HSA's Assistant Executive Director from 1974 to 1984. The fund provides HSA members with financial support for external labour education programs. In-person and virtual courses offered by universities, colleges, school boards, and labour organizations (i.e., BC Federation of Labour, Canadian Labour Congress, labour councils) are eligible.

Areas of study include:

- Human rights
- Occupational health and safety
- Labour-specific leadership training
- Organizing
- Labour relations
- Bargaining and negotiations

Examples of previously approved courses include:

- Canadian Labour Congress (CLC) – Women in Leadership Training
- Vancouver District Labour Council – Intro to Arbitrations and Labour Board Advocacy
- Vancouver District Labour Council – Parliamentary Procedure and Effective Meetings
- Thompson Rivers University – HRMN 3841 Employee and Labour Relations

Financial reimbursement is limited to the amount of Madden Memorial Funds available each year.

The Madden Memorial Education Fund is for **labour education only** and does not cover professional development courses or conferences.

Application Instructions:

1. Complete Part 1 of the application, attach the course description, and send it to the HSA Education Department at education@hsabc.org
2. The fund covers registration, transportation, accommodation, meals, dependent care, and one day of wage replacement, to a maximum of \$1,000 per application. If approved, HSA will return your application form with Part 2: Approval completed.
3. Reimbursement will be processed upon receipt of the completed Part 3, with proof of course completion and receipts submitted to the head office.

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Name: _____ Date: _____

Home Mailing Address: _____

City: _____ Postal Code: _____

Phone Number (Home): _____

Chapter/Worksite: _____

Home Email: _____

Current HSA positions held: ☐ Member ☐ Steward ☐ Member at Large ☐ Other:

Course Description (please attach a copy from the website or course brochure)

Course Location: _____

Date: _____

Institution or Organization: _____

Please describe how this course will be beneficial to you as a union member and how you will use the knowledge and/or skills gained from the course (approx. 150 words):

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Please describe how the course relates to union activism (approx. 150 words):

Estimated Costs

Course Registration Fee: _____

Accommodation: _____

Personal vehicle: mileage _____ km @ .70 (per CRA) = _____

Parking fees: _____

Airfare: _____

Transit fares: _____

Ferry and reservation fees: _____

Meals Per Diem = \$25 for Breakfast, \$30 for Lunch, \$35 for Dinner

	Su	M	T	W	Th	F	Sa	
Date(s)								Totals
Breakfast								
Lunch								
Dinner								

Estimated Costs Total: _____

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Wages

Is this course scheduled on your regular work day(s)? ☐ Yes ☐ No

Are you applying for one day of wage replacement? ☐ Yes ☐ No

Hourly rate if known: _____ Hours of work per day (regular shift): _____

Have you applied elsewhere for funding? ☐ Yes ☐ No

If yes, please describe: _____

If yes, when you do expect to hear if alternative funding has been granted?

Have you received Madden Memorial Funding previously? ☐ Yes ☐ No

If yes, when: _____

Signature of applicant _____

I hereby certify that the above information is correct.

Part 2 Approval (office use only)

Application Approved: ☐ Yes ☐ No

Member to be reimbursed at completion of course (for receipted expenses):

\$ _____

Wage replacement: ☐ Yes ☐ No

Part 3: Course Completion

Following HSA approval of your application, please follow the steps below:

- If wage replacement is approved, please ask your employer to bill HSA for the cost of your wages for one day.
- Complete an HSA Record of Union Leave form and return it to HSA when you complete Part 3.
- Please complete an HSA Expense Claim Form, and return it to head office with receipts for:
 - course registration
 - transportation
 - accommodation
 - dependent care (if applicable)
- If dependent care is required and approved, please complete and return an HSA Dependent Care Claim Form with Part 3.
- Receipts for meals are not required.

I verify that I completed this course or program as per the course requirements.

Applicant's Signature: _____

Date: _____

Please return to the Health Sciences Association of BC
180 East Columbia Street, New Westminster, BC V3L 0G7
Fax: 604-515-8889 or 1-800-633-6119

The HSA is committed to using the personal information we collect in accordance with applicable privacy legislation. By completing this form, you are consenting to have the HSA use the submitted information for the purposes of conducting our representational duties as a union, and in providing services to our members. For further information, please contact the HSA Privacy Officer. The full HSA privacy policy is available online at hsabc.org/privacy