Joint COMMUNITY HEALTH RETRAINING FUND

# APPLICATION FORM

***The purpose of the Retraining Fund is to maintain employment in the Unionized BC Health Sector***

*Complete this form in ink (please print) and ATTACH the following:*

If course already completed:

- ☐ Proof of *registration* for the retraining program/course.
- ☐ Proof of *payment* (original documents only) for the retraining program and course materials.
- ☐ Proof of retraining program *completion*.

- OR –

If course not yet completed:

- ☐ Proof of *acceptance* or *registration* for the retraining program/course.

**This Fund is open to those Community Health members who have completed training in the 12 months prior to application, or who will register for, or complete their training in the 12 months following application to the Fund.**

## JOINT COMMUNITY HEALTH RETRAINING FUND APPLICATION FORM

### SECTION A: Employee Information

- ARE YOU COVERED BY THE 2010-2012 **COMMUNITY HEALTH SUBSECTOR** COLLECTIVE AGREEMENT? ☐Yes ☐No

- DID YOU LOSE YOUR JOB AS A RESULT OF LAY OFF DUE TO CONTRACTING OUT OR RETENDERING?
  IF SO, DATE OF LAY OFF _____
  NAME OF EMPLOYER AT TIME OF LAYOFF _____

01 *Last Name*

_____

02 *First Name and Initial(s)*

_____

**03 ALL CORRESPONDENCE WILL BE MAILED TO THIS ADDRESS**

*Street Address/Box or Apartment Number*

_____

04 *City/Town*

_____

05 *Province*

_____

06 *Postal Code*

_____

07 *Area Code* *Home Phone Number*

_____ _____

*Area Code* *Cell/Pager Number*

_____ _____

*Area Code* *Work Number*

_____ _____

*Extension*

08 *E-Mail Address*

_____ _____

## SECTION B: Employer Information

09 *Employer (please check one):*

☐ Vancouver Coastal Health Authority ☐ Fraser Health Authority ☐ Northern Health Authority
☐ Vancouver Island Health Authority ☐ Interior Health Authority ☐ Provincial Health Services Authority
☐ Affiliate

10 *Worksite*:_____

11 *Worksite Address:*_____

12 *Union:*_____

## SECTION C: Course/Program Information

13 *Name of School*

_____

14 *Location*

_____

15 *Course Name (and Number)*

_____

16 *Course Hours per week*

_____

17 *Course Start Date (yy/mm/day)*

_____

18 *Course End Date (yy/mm/day)*

_____

19 *Funding Amount Requested (Please provide breakdown of course and costs)*

| *Course Name* | *Course Cost* |
|---|---|
| | |
| | |
| | |
| | |

20 *Please explain why you have selected this course or program and how it relates to continued employment in the Health Care Sector (Note: if you are applying to a private institution or for private training, please provide your reasons here):*

_____

_____

_____

_____

_____

_____

_____

# FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY DECLARATION FOR FUNDING APPLICATION

## *Declaration (important – read and sign):*

**I declare that:** The information that I have provided in this application form is, to the best of my knowledge, correct and complete.
**I agree that:** I may be asked to repay some or all of the monies which have been funded to me by the Joint Community Health Retraining Fund (The Fund) if I fail to complete a course, or courses, without justification.
**I recognize that:** if I receive money from the Joint Community Health Retraining Fund, and I have received Employment Insurance (EI) as a result of a layoff, EI may attempt to recover the monies paid to me. Please contact your local EI Office for further details.
**I understand that:** **T**he information I have provided will be used to determine my eligibility for funding from the Joint Community Health Retraining Fund.
**I agree that:** by signing below I give permission for the exchange of information between The Fund, my employer, educational institutions, and other funding sources for the sole purpose of verifying and/or investigating information in this application and related documents.
**I agree that:** I will participate in a follow-up survey to help the Joint Community Health Retraining Fund Committee determine the success of the program.
**I agree that:** I will stay in the health sector for a minimum of 3 times the length of retraining or be responsible for repayment.

***Collection and Use of the Information:***
The personal information on this form will only be used for two (2) purposes:

- to determine eligibility for funding by the CBA Retraining Fund; and
- to gather statistics for use in reports (for example: the number of applications from care aides, the types of training funded, etc.)

Signature of Applicant: _____ Date Signed:_____

Print Name:_____

## SECTION E: Checklist *(to ensure quick processing of your application please include all of the following with your application form)*

☐ Confirmation of course registration

☐ Confirmation of Employee Status

☐ Course fee breakdown

☐ **Application completed and signed in ink**

**Send** the completed application and other documentation to:
**Attention: Fund Administrator**
B.C. Government and Service Employees' Union
4911 Canada Way
Burnaby, BC V5G 3W3
Telephone: 604-291-9611 Toll Free: 1-800-663-1674
Email: fund2011@bcgeu.ca