



HEALTH SCIENCE PROFESSIONALS

2021 \$3M HSPBA Professional Development Fund

April 1, 2021 to August 31, 2022

Application Form

- For education/training commenced between April 1, 2021 and August 31, 2022
- Application Form to be submitted ASAP and no later than August 31, 2022
- This form must be completed in full, with your data entered electronically, and submitted as an attachment via email to 2021PDFund@hsabc.org in order to be considered on a first come, first served basis. If you require assistance in this regard, please contact 2021PDFund@hsabc.org

Applicant Details

Name: _____

Worksite: _____

Employer: NHA IHA FHA VCH
 VIHA PHSA PHC
 Other (describe): _____

Discipline: _____
(e.g. Physiotherapist, Psychologist)

Job title: _____

Department/Program/Team name: _____

Employment status: Regular Full-time or Part-time
 Casual
 Temporary - temporary term end date: _____

Union membership status:

- Yes, I am currently a member of HSA whose employment is covered by the HSPBA/HEABC collective agreement.
- I am a member of another constituent union of the HSPBA and understand that I must contact that union concerning their application process and not submit this application form to HSA.

Contact Information

Home address: _____
(street address, city, postal code)

Daytime home/cell number: _____

Phone number at work: _____

Personal email address: _____

Description of education/training for which funding support is requested

Name of professional development education/training: _____

Identify the professional development delivery mode:

Workshop Course Seminar Program

Conference Clinical Placement Distance/Virtual Learning

Other – describe: _____

Name of education/training provider or institute:

Commencement (start) date for requested education/training. (This is typically not the date of the receipt for payment of the requested education/training.):

Completion date for requested education/training:

Yes, I have attached the education provider's outline of, or link to, the requested education/training. The web link is:

No, I have not attached an outline or link, because neither is available. Instead, I describe the education/training content as serving the following professional development purpose:

Details of Application Category

My application, if approved, would be under the category of (please check all applicable categories):

- On-going required professional development
- training and upgrading skills for members working in a profession experiencing shortage
- training and upgrading skills for members working in a profession in rural or remote location

If applicable, please state the name of the community in which your rural or remote worksite is located, as well as the name(s) of any other community (including First Nations communities) to which you travel to provide service:

Indicate below how your proposed education/training will prepare you to achieve and maintain rigorous educational standards, ensuring the development of best practices for the discipline being practiced in the public health care system:

Describe: _____

Cost of education/training for which funding support is requested

Cost of tuition fees	\$ _____	<input type="checkbox"/> Not applicable
Cost of mandatory registration/school/student fees	\$ _____	<input type="checkbox"/> Not applicable
Cost of required books/materials	\$ _____	<input type="checkbox"/> Not applicable
Cost of exam fees, including certification exam fees	\$ _____	<input type="checkbox"/> Not applicable
Cost of other reasonable education/training-related expenses*	\$ _____	<input type="checkbox"/> Not applicable

*Describe the other reasonable education/training-related expenses. This may include local ground transportation (e.g. \$0.59/km traveled) and parking.

Reasonable cost of travel and/or accommodation if necessary to travel or temporarily relocate to attend education/training or related clinical placement if it is not available locally or virtually

Cost of travel (subject to maximum as stated in Eligibility and Funding Guidelines):

Not applicable

Applicable – describe: _____

Cost of Travel \$ _____

Cost of accommodation (subject to maximum as stated in Eligibility and Funding Guidelines):

Not applicable

Applicable – describe: _____

Cost of Accommodation \$ _____

Cost of other travel related expenses (parking, ferry, mileage, transit):

Not applicable

Applicable – describe: _____

Cost of Other \$ _____

Total dollar amount requested: \$ _____

Funding from any other source

I have received or anticipate receiving some funding support for this same event/instruction from another source, including, but not limited to, my employer or another Professional Development Fund:

- No
- Yes. If yes, please provide the amount and describe the cost(s) and source of funding support:

Signature

- I confirm that all information provided in this application is true and correct to the best of my knowledge.

Your signature and signature date are considered to be provided when you click on the completed application submission link below.

How to submit your completed application

Fully completed applications will be considered for funding support in the order they are received, while funds last.

Click [here](#) to submit your completed application.

Please direct any questions, or requests for assistance, concerning this application to 2021PDFund@hsabc.org