



HEALTH SCIENCE PROFESSIONALS

HSP Professional Development Fund Application Form

For HSA members covered by the
HSPBA 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.)

Costs

*Please review Funding
Guidelines for eligibility
of expenses*

*Must be listed as
Canadian Funds.*

Tuition/Course Fees

Books

Travel

Accommodation

Meals

Other

Total Amount (*not to exceed \$1,000*)

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

Who referred you to this fund?

- HSA
- Employer
- Self
- Other _____

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 hsppdfund@hsabc.org.

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