



HEALTH SCIENCE PROFESSIONALS

HSPBA Professional Development Fund Application Form

*For courses and conferences taken between
October 1, 2013 and March 31, 2014*

Deadline: March 31, 2014

Applicant Details

Name _____

Worksite _____

Department _____

Job Title / Discipline _____

Regular Employee: Y / N

Casual Employee: Y / N

Full-time: Y / N

Part-time: Y / N

Bargaining Unit _____
(for HSPBA members only)

Home Address

Street _____

City _____ Postal Code _____

Work Tel _____ Home Tel _____ Cell _____

Email _____

Course or Conference Program

Course/Program _____

Educational Institute/Conference sponsor _____

Course or Conference Start Date _____

Course or Conference Completion Date _____

(Please attach a course/program/conference outline and/or brochure describing course, times, credits etc.)

Tuition/Course/Conference Fees _____

Amount applying for _____

Who referred you to this program or conference?

Employer

Self

Other _____

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

Have you requested funding or time off from your employer for this program? If not, why? If denied funding, indicate why.

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

Have you previously received professional development 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

The deadline for applications is March 31, 2014. Applications will be reviewed in mid-April, and successful applicants will be notified shortly thereafter. Deadline for submission of receipts is April 30, 2014. Send your completed application by Fax or Email to:

Fax: 604-439-0976 c/o Sharon Link
Email: pd@hsabc.org