

# EDUCATION FUND COMMITTEE APPLICATION FOR FUNDING For the period July 2011 to June 2012

*Application forms may be mailed or faxed to:*

Education Fund Committee c/o Lloyd Adams 13 Edgeview Ct Stratford PE CIB 0H8  
Fax: (902) 569-3522 E-Mail: [edufund@pei.sympatico.ca](mailto:edufund@pei.sympatico.ca) Tel: (902) 569-2611

### **For Administrator Use Only**

Date: \_\_\_\_\_ Pre-Approved \_\_\_\_\_ Not Approved \_\_\_\_\_  
Direct Costs: \_\_\_\_\_ No. of Hours: \_\_\_\_\_ SR: \_\_\_\_\_ TIL: \_\_\_\_\_ Pay: \_\_\_\_\_

### **To be completed by the Applicant**

**PLEASE NOTE:** Applications are processed on a weekly basis, in the order they are received, for courses occurring no later than 90 days from date of processing. The fund is divided in two equal portions; one half of the fund will be allocated for the period July 1 to December 31 and one half from January 1 to June 30

1. Name of Workshop/Seminar \_\_\_\_\_  
Location \_\_\_\_\_ Date(s) \_\_\_\_\_  
*Please include copy of workshop/seminar information or brochure with application.*
2. Name of Applicant \_\_\_\_\_ Employee #: \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_
3. Employed at \_\_\_\_\_ Start date of Employment \_\_\_\_\_
4. Present Position \_\_\_\_\_  
Please indicate if you are: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Casual \_\_\_\_\_
5. Have you received financial assistance from any other source(s) for this workshop/seminar including contributions from yourself ie: vacation days?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes) Amount: \$ \_\_\_\_\_  
Source: \_\_\_\_\_
6. Have you received funding from the Education Fund during this year fiscal (July 1-June 30)  
Yes \_\_\_\_\_ No \_\_\_\_\_
7. How will you benefit from this seminar/workshop in your current position?  
\_\_\_\_\_  
\_\_\_\_\_

8. Financial Assistance requested:

**A) Direct Costs (Maximum of \$700 per fiscal year)**

- i) Registration fee \$ \_\_\_\_\_
- ii) Course Materials & required Textbooks \$ \_\_\_\_\_
- iii) Out of Province Accommodations \$ \_\_\_\_\_
- Total Direct Costs \$ \_\_\_\_\_

Receipts for Direct Costs must be submitted no later than 60 days following the completion of the course. Receipts received beyond the 60 day period will not be compensated.

**B) Salary Replacement or Salary Payment Hours (Maximum of 22.5 hours per fiscal year)**

- i) **Full Time Employees** who will be absent from scheduled shifts to attend the Seminar/Workshop. (Maximum of 22.5 hours per fiscal year)  
**Number of hours you will be replaced? \_\_\_\_\_ Hours**
- ii) **Full Time Employees** who will attend the Seminar/Workshop on their scheduled day off may bank time in lieu. Time in lieu must be used within 30 days of the date of the Seminar/Workshop, and the replacement must be a PEINU member. If workshop is less than 6 hours, you may bank the actual hours attended, if between 6 and 7.5 hours duration, you may bank 7.5 hours, if more than 7.5 hours, you may bank the actual hours attended.  
**Number of TIL hours? \_\_\_\_\_ Expected date(s) of actual replacement? \_\_\_\_\_**
- iii) **Part Time and Casual Employees scheduled to work** on the date(s) of the Seminar /Workshop and replaced (Maximum of 22.5 hours per fiscal year)  
**Number of hours you will be replaced? \_\_\_\_\_ Hours**
- iv) **Part Time and Casual Employees not scheduled to work** on the date(s) of the Seminar/Workshop shall be paid by the Employer. The Employer shall be reimbursed by the Education Fund (maximum of 22.5 hours per fiscal year).  
If workshop is less than 6 hours, you will be paid for the actual hours attended, if between 6 and 7.5 hours duration, you will be paid for 7.5 hours, if more than 7.5 hours, you will be paid for the actual hours attended.  
**Number of hours to be paid? \_\_\_\_\_ Hours**

Date \_\_\_\_\_ Manager Signature \_\_\_\_\_ Telephone \_\_\_\_\_

**(Your Nurse Manager's signature is required on your application)**

**Please note the following**

1. If your application is approved you will receive a pre-approval letter & claim form by mail.
2. If approved and you do not attend the workshop/seminar, please notify the Education Fund Administrator at (902) 569-2611 or [edufund@pei.sympatico.ca](mailto:edufund@pei.sympatico.ca).
3. If you have been approved for registration fee and course material costs, your receipt must be in your name. Payments will not be made directly to another party who have paid fees on your behalf.
4. Receipts for Direct Costs must be submitted no later than 60 days following the completion of the course. Receipts received beyond the 60 day period will not be compensated.
5. Applications are processed in the order they are received while funds are available.
6. The Education Fund Guidelines, application forms and information are available at the PEINU website at [www.peinu.com](http://www.peinu.com).

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_