

LONG-TERM TRAINING APPLICATION FORM

Before completing this application please read the Overview of Long-Term Training Criteria document located on the HEU website: http://www.heu.org/education/fba-education-fund

SECTION A: Employee Information

	E YOU COVERED BY THE 2012 – 2014 HEALTH SERVICES & SUPPORT FACILITIES BSECTOR COLLECTIVE AGREEMENT? Yes No
	Last Name First Name & Initial(s)
	ALL CORRESPONDENCE WILL BE MAILED TO THIS ADDRESS Street Address
	Apartment/Suite Number City/Town O5 Province B C
06	Postal Code O7 Area Code Home Phone Number Area Code Cell/pager Number Area Code Work Number
08	Email Address Extension:
09	Employee Number

SECTION B: Employer Information 10 *Employer (please check one):* Vancouver Coastal Providence Interior Vancouver Island Northern **Shared Services Organization** Affiliate Affiliate Fraser Provincial 11 *Work Site:* _____ 12 Work Site Address: 13 **SECTION C: Course/Program Information 14** *Name of School* **15** Location **16** *Course Name (and Number)* **17** Course Hours per Week **18** Course Start Date (yy/mm/day) **19** *Course End Date (yy/mm/day)* 2 0 1 2 0 1 **20** Confirmed? Yes No 21 Are you on a waitlist: Yes Projected Start Date:_____ 22 Please explain how this course will help in your current job or future career goal in health care (within the facilities subsector bargaining unit):

SECTION D: Course Costs and Funding Information

23	Course Costs:			
Tuiti	on:	\$		
Lab 1	Fee:	\$		
Books/Materials:		\$		
Practicum:		\$		
Other:		\$		
Total Course Costs:		\$		
	TION E: For Statis	·		
24	Date of Birth: Ye	ear Month Day		
25	Gender:	Male Female		
26	Marital Status (che ☐ Single ☐ Single	ck one box only): e Parent Married Common-Law Separated/Divorced		
27	Number of Dependants: Under 18 years of age Over 18 and in full-time school/study			
28	Length of Service in health care:			
29	Current Classification (job title):			
30	Employment Status	:		
	Regular full-tim	e Regular part-time Casual		
31	Regularly Scheduled Hours of Work (in a two-week pay period):			
32	Average Casual Hours of Work (in a two-week pay period):			

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 understand that: the information I have provided will be used to determine my eligibility for funding from the FBA Education Fund.

I agree that: by signing below I give permission for the exchange of information between the FBA Education 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 FBA Education Fund determine the success of the program.

Collection and Use of the Information:

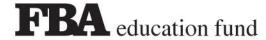
The personal information on this form will only be used for two (2) purposes:

- to determine eligibility for funding by the FBA Education 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:					
Print Name:					
Date Signed:					
SECTION F: Checklist					
Confirmation of course registration and confirmed start date attached.					
Confirmation of Employee Status and Leave Approval Form attached.					
Application completed and signed in ink . Please note that faxed applications are not accepted.					

Mail the completed application and other documentation to:

FBA Education Fund c/o 5000 North Fraser Way Burnaby, B.C. V5J 5M3



CONFIRMATION of EMPLOYEE STATUS and LEAVE APPROVAL FORM

LONG-TERM TRAINING

EMPLOYEE, PLEASE COMPLETE: Name of Employee: _____ Position: Dept. Classification: _____ Status: Full-time Part-time Casual **Unpaid** Leave requested for the following dates or period:_____ Please attach a list if necessary Total Number of Days requested: If no leave is required, please put N/A Casual employees: if requesting equivalent to unpaid leave, please submit payroll proof of hours and shifts worked in the six months prior to this application or prior to your training, whichever is sooner (i.e. application date July 2013; proof of hours and shifts worked from Jan. 1 – June 30, 2013 must be provided). **EMPLOYER**, PLEASE COMPLETE: **Regular** Employee status: _____ FTE (1.0, 0.5, 0.8, etc.) Casual Employee: 488 hours of work completed? Yes No Is this employee currently on any other leave? \square Yes \square No If yes, please explain. Is this employee covered by the 2012–2014 **Health Services & Support Facilities Subsector** collective agreement? Yes No I, _____approve _____ days, or the period _____to___of unpaid leave as requested above. (Signature) On behalf of the Employer, Employer Name (please print) Title Signature Date Work Site Name:

Employer Phone: ______ Email: _____