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**REGISTERED PSYCHIATRIC NURSES**

**RPN Professional Development Fund**

**Application Form**

**Deadline: December 31, 2013**

**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 NBA members only)

**Home Address**

Street

City Postal Code

Work Tel Home Tel Cell

Email

**Course Program**

Course/Program

Educational Institute/Sponsoring Organization

Course Start Date

Course Completion Date

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

Tuition/Course Fees

Amount applying for

Who referred you to this program?

 🞏 Employer

 🞏 Self

 🞏 Other

Describe why you are applying for funding. What are your career goals? How will this education 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 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**

Applications will be reviewed on a rolling basis, and successful applicants will be notified shortly thereafter. Send your completed application by Fax or Email to:

Fax: 604-439-0976 c/o Sharon Link

Email: pd@hsabc.org

Suite 300 5118 Joyce Street Telephone 604-439-0994 / 800-663-2017

Vancouver BC V5R 4H1 Facsimile 604-439-0976 / 800-663-6119 **hsabc.org**