



HEALTH SCIENCE PROFESSIONALS

HSPBA Professional Development Fund Application Form

For courses commenced between April 1 and September 30, 2013

Deadline: September 30, 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 HSPBA members only)

Home Address

Street _____

City _____ Postal Code _____

Work Tel _____ Home Tel _____ Cell _____

Email _____

Course Program

Course/Program _____

Educational Institute _____

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

The deadline for applications is September 30, 2013. Applications will be reviewed in mid-September, 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