

MADDEN MEMORIAL EDUCATION FUND APPLICATION



Revised DECEMBER 2012

Background:

The Madden Memorial Education Fund was established in 1984 following the death of Joe Madden, who was HSA's Assistant Executive Director from 1974 to 1984. Through the Madden Memorial Education Fund, HSA provides financial assistance to members attending external **labour education programs**. Financial reimbursement is limited to the amount of Madden Memorial Funds available.

The Fund does not cover professional development courses.

Instructions:

1. Complete "PART 1: APPLICATION". Attach course brochure and send to the HSA Education Officer.
2. The Fund will cover registration, transportation, accommodation, meals, dependent care and one day's wage loss, to a maximum of \$800. HSA will return your application with "PART 2: APPROVAL" completed. HSA approval must be received to ensure reimbursement of eligible expenses.
3. Payment will be made upon receipt of completed "PART 3: COURSE COMPLETION" of the application form.

PART 1: APPLICATION

Name: _____ Date: _____

Home Address: _____

City _____ Postal Code _____

Phone Number: (Home) _____ (Work) _____

Chapter/Worksite: _____ Home Email: _____

Current HSA positions held: Member Steward MAL Other: _____

Course/Description (*please attach course brochure*): _____

Course Location: _____ Date: _____

Organized By: _____

How will this course be beneficial to you as a union member?

Estimated Costs

Costs

Course Registration Fee: _____

Accommodation _____ (max \$100 per night)

Travel

Automobile _____ /km @\$0.52 = _____

Airfare/AIF _____

Rental _____

Ferry _____

Taxi/Bus _____

Meals

	Sun	Mon	Tues	Wed	Thur	Fri	Sat	
Date(s)							TOTAL	
per diems are: \$15 \$20 \$30								
Breakfast								
Lunch								
Dinner								

TOTAL: _____

Wages

Will this course fall on your regular work day(s)? Yes No

Are you applying for wage replacement? Yes No

Hourly wage rate _____ Hours of work paid / day _____

Have you applied elsewhere for funding?: Yes No

Describe: _____

Please describe how the course relates to the union or will assist you as a union member. (Professional courses or conferences will not be funded.)

Have you received Madden Memorial Funds previously? Yes No If yes, when: _____

I hereby certify that the above information is correct.

PART 2: APPROVAL (OFFICE USE ONLY)

Application Approved: Yes No

Member to be reimbursed at completion of course (for receipted expenses): \$ _____

Wage Replacement Yes No

If Wage Replacement is approved, ask your employer to bill HSA for the cost of your wages for one day. Complete an HSA Record of Union Leave and return to HSA when you complete PART 3 (below).

PART 3: COURSE COMPLETION

Following HSA approval, PART 3 *must* be completed to receive funds. Please use an HSA Expense Claim Form, and include receipts for registration, transportation (e.g., ferry, taxis and airfare), and accommodation. If dependent care is required, please complete an HSA Dependent Care Claim Form, available from www.hsabc.org, 'Steward Resources'. Receipts for meals are not required.

How will you use the knowledge and/or skills gained from the course?

I verify that I completed this course/program as per course specifications.

Applicant's signature: _____ Date: _____

**Please return to the Health Sciences Association of BC:
#300 - 5118 Joyce Street, Vancouver, BC V5R 4H1
Fax: 604.419.5195 or 1.800.633.6119**

The HSA is committed to using the personal information we collect in accordance with applicable privacy legislation. By completing this form, you are consenting to have the HSA use the submitted information for the purposes of conducting our representational duties as a union, and in providing services to our members. For further information, please contact the HSA Privacy Officer. The full HSA privacy policy is available online at <http://www.hsabc.org>.

