

madden memorial education fund application



Revised August 2006

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**. **The Fund does not cover professional development courses**. Financial reimbursement is limited to the amount of Madden Memorial Funds available.

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: _____

Phone Number: (Home) _____ (Work) _____

Chapter/Worksite: _____ Home Email: _____

Current HSA positions held: Member Steward MAL Other: _____

Course/Program: _____

Course Location: _____ Date: _____

Organized By: _____

Course Description: (please attach course brochure) _____

Estimated Costs

Course Registration Fee: _____

Accommodation _____ (max \$100 per night)

Costs

Travel

Automobile _____ /km @\$0.50 = _____

Airfare/AIF _____ Rental _____

Ferry _____ Taxi/Bus _____

Meals

| | Sun | Mon | Tues | Wed | Thur | Fri | Sat | |
|-------------------------------------|-----|-----|------|-----|------|-----|-----|-------|
| Date(s) | | | | | | | | TOTAL |
| per diems are: \$15 \$15 \$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: _____

Have you received Madden Memorial Funds previously? Yes No

If yes, when: _____

Applicant's Signature: _____

I hereby certify that the above information is correct.

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>.

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).

Comments: _____

Date: _____ Signature: _____

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 was the course beneficial to you as a union member? _____

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 V5R 4H1
Fax: 604-419-5195 or 1-800-633-6119