

SECTION B: Employer Information

10 Employer (please check one):

- Vancouver Coastal
- Vancouver Island
- Affiliate
- Fraser
- Interior
- Northern
- Provincial

11 Work site: _____

12 Work site address: _____

13 Union: _____

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)

2	0	0					
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19 Course End Date (yy/mm/day)

2	0	0					
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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:

Tuition: \$ _____

Lab Fee: \$ _____

Books/Materials: \$ _____

Practicum: \$ _____

Other: \$ _____

Total Course Costs: \$ _____

24 Additional funding requested from other sources (for information only):

FBA/Vancity Education Loan Program: _____

Government Student Loan/Grant (BCSAP): _____

BC Health Care Scholarship: _____

Other: _____

SECTION E: For Statistical Purposes

25 Date of Birth: Year _____ Month _____ Day _____

26 Gender: Male Female

27 Marital Status (check one box only):

Single Single Parent Married Common Law Separated/Divorced

28 Number of Dependants:

Under 18 years of age Over 18 and in full-time school/study

29 Length of Service in health care: _____

30 Current Classification (job title): _____

31 Employment Status:

Regular full-time Regular part-time Regular on layoff within recall period

32 Regularly Scheduled 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.**
- Confirmation of Skills Shortage (if applicable) **attached.**
- Application completed and signed in ink.**

Mail the completed application and other documentation to:

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