

SECTION B: Employer Information

10 Employer (please check one):

- | | | |
|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Vancouver Coastal | <input type="checkbox"/> Fraser | <input type="checkbox"/> Northern |
| <input type="checkbox"/> Vancouver Island | <input type="checkbox"/> Interior | <input type="checkbox"/> Provincial |
| <input type="checkbox"/> Affiliate | | |

11 Work site: _____

12 Work site address: _____

13 Union: _____

SECTION C: Course/Program Information

14 Name of School

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15 Location

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16 Course Name (and Number)

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17 Course Hours per Week

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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: \$ _____

SECTION E: For Statistical Purposes

24 *Date of Birth:* Year _____ Month _____ Day _____

25 *Gender:* Male Female

26 *Marital Status (check one box only):*

Single Single Parent Married Common Law Separated/Divorced

27 *Number of Dependants:*

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

28 *Length of Service in health care:* _____

29 *Current Classification (job title):* _____

30 *Employment Status:*

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

31 *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.**
- 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**