

Reviewed: _____ (for committee use only)

**Lions Gate Hospital Foundation
Staff Education Fund**

APPLICATION

Please read form carefully before completing.

Date: _____ Employee ID: _____
Name: _____ Job Title: _____
Dept.: _____ Site: _____
Contact Number (Home): _____ Contact Number (Work): _____

1. To be eligible for funding, you need to be a regular or part time employee with at least 2 years of service, or a casual employee with the equivalent of two years service or ~3760 hours of service. Do you meet these criteria?

Yes _____ No _____

2. How long have you worked for Vancouver Coastal Health (Coastal Health Services Delivery Area)?

3. For what purpose are you seeking education funds? What is the name of the program? Be specific and attach fee schedule.

4. How much funding are you applying for \$ _____

a) Conference registration Yes No

b) Training seminar Yes No

c) Degree Program Yes No

Bachelor's _____ Master's _____ Ph'D _____

d) Course certification what course _____ How long is the course? _____

5. Please circle the funding category below that is applicable to your circumstances:

A. up to \$1000 every two years for professional development such as conferences, seminars, workshops, diploma programs, course certifications etc. The fund will pay 50% of the conference or the course registration fee.

B. up to \$1000 per year for a post –secondary degree program (depending on availability of funds)

Please note: VCH staff sponsored in the MALD program (Masters of Arts in Leadership and Development) at Royal Roads University will not be eligible for the staff education fund.

Please note that books, travel, accommodation, and lost wages are not eligible for funding. The minimum grant will be \$75.

6. What is the time frame for choices you are applying for in question 4?

7. How will this benefit you professionally?

8. How will this benefit the organization either directly or indirectly?

9. Have you applied for (or received) any other education funding/sponsorship from your manager or from other available education funds (e.g. Nurses Education Fund (NEFA), Program Education Fund) for this program / course / conference? Yes _____ No _____

Explain:

10. Successful applicants are expected to share what they have learned from this program by doing one or more of the following. Please check what you will do:

- provide a workshop, in-service or presentation to staff/colleagues
- coach colleagues/students
- write a report on key learnings of value to organization/department

11. If you meet the criteria for a Minerva Foundation Bursary award (see brochure or Intranet for details), would you like to be considered for additional funds?

Yes _____ No _____

Please specify the criteria that qualifies you for a Minerva Bursary.

N.B. If time is required away from work, you need to seek the approval of your manager first.

Please submit application to the LGH Foundation Office. (Fax 604-984-5786). Funding committee meets every three months on the 2nd Wednesday of March, June, September and December. Applications need to be submitted **one week** prior to the meeting.

I have read the criteria for the application and agree to meet those criteria and to repay the education funds I receive if I leave Vancouver Coastal Health within two years of receiving the funds.

Applicant's Signature

Date