



Lions Gate Hospital Foundation Staff Education Fund

APPLICATION

**Please read this form carefully before completing. Please fill in all applicable spaces.
Incomplete applications will be returned.**

Lions Gate Hospital Foundation created the Staff Education Fund as a way to encourage and support VCH North Shore staff in their educational endeavours. Grants are made possible by donations from individuals and organizations.

1. CONTACT INFORMATION *(please print)*

Date: _____ Employee ID: _____
 Name: _____ Job Title: _____
 Dept.: _____ Site: _____
 Phone (Home): _____ Phone (Work): _____
 Phone (cell): _____ Email address: _____
 Home Address: _____

For Manager's completion and signature:

Will the course/conference benefit the organization and is it recognized by VCH? yes no

Comment: _____ Signature: _____

2. EMPLOYMENT STATUS *(please check the box that is applicable to you)*

Full-time employee with at least 1 year of service _____ year(s)

Date you started with VCH on the North Shore _____

Part-time or casual employee with the equivalent of 1 year of full time service equalling 1950 hours and with at least 350 hours worked within the last year.

Number of hours worked within the last year _____

Total number of hours worked _____

Date you started with VCH on the North Shore _____

3. PURPOSE AND DETAILS OF COURSE/PROGRAM - *Be specific and attach fee schedule.*

- Conference registration
- Training course/seminar
- Prerequisites for course certification
- Degree Program - Please specify degree being worked towards:
 - o Bachelor of _____
 - o Masters in _____
 - o Ph.D. Doctor of _____

Conference/Seminar/Program name: _____

Name of School, University or
Conference location: _____

Name of course(s) or conference: _____
How many months and/or years is
the certification or degree program? _____

Start and end date of course(s) being
applied for at this time: _____

4. COURSE COST AND FUNDING INFORMATION

What is the total cost of the registration of the course(s) you are applying for?

\$ _____ 50% of registration or tuition fees only to a maximum of \$1,000 are eligible.

Books, travel, accommodation, examination/certification fees, annual registration fees, memberships, licensing fees and lost wages are NOT eligible for funding.

Please check the funding category below that is applicable to your circumstances:

- Up to \$1,000 every two years for professional development** such as conferences, seminars, workshops, diploma programs, etc. If approved, the fund will pay up to 50% of the conference or the course registration fee dependent on availability of funds.
- Up to \$1,000 per year for courses in a post –secondary degree program – either an Undergraduate or Masters Degree.** If approved, the fund will pay up to 50% of the course registration fee dependent on availability of funds to a maximum of \$4,000 per degree.

Note the following funding restrictions:

- Applicant must be currently working within *Coastal Community of Care, North Shore*. Books, travel, accommodation, and lost wages are not eligible for funding. The minimum grant is \$75.
- Funds will NOT be granted more than **THREE MONTHS RETROACTIVELY FROM DATE**
- **OF COURSE/CONFERENCE COMPLETION.**

Have you applied for (or received) any other education funding/sponsorship for this program / course / conference from your manager or from other available education funds (e.g. Nurses Education Fund (NEFA), Program Education Fund)?

Yes (Please explain below)

No

How much funding have you applied for elsewhere? _____

5. BENEFITS OF COURSE PROGRAM

How will this course, conference, workshop benefit you professionally?

How does this benefit the organization either directly or indirectly?

Return your application to the LGH Foundation office or fax it to 604-984-5786. The Education Fund Committee meets once every three months on the 2nd Thursday of March, June, September and December. Applications need to be received in the Foundation office at least **two weeks** prior to the meeting. **Deadlines for applications will be posted in the elevators and on the Foundation display wall.**

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 one year of receiving the funds.

Applicant's Signature

Date

Checklist:

If you have completed the course/conference, please provide:

- Proof of registration
- Proof of payment
- Proof of completion

If you have not already completed the course/conference, please provide:

- Course/conference information
- Course/conference costs