



SECHELT HOSPITAL FOUNDATION

STAFF EDUCATION FUND 2024

UPDATED APPLICATION

Please read this form carefully before completing and fill in all applicable fields. Incomplete applications will be returned. *Your Manager's approval and signature are required before you apply for funding.*

1. CONTACT INFORMATION

Date: _____	Employee ID: _____
Name: _____	Job Title: _____
Dept.: _____	Site: _____
Phone (Home): _____	Phone (Work): _____
Phone (cell): _____	Email address: _____
Address: _____	
Manager's Name & Position (Print): _____	Manager's Signature _____

2. FUNDING ELIGIBILITY

- **Are you a Full-Time Health Authority employee with a minimum of 1 year of service?** Yes ☐;
How long have you worked as a Health Authority employee at a VCH site or facility within the Sunshine Coast Community of Care? _____ year(s)
- **Are you a Part-Time or Casual Health Authority (VCH/PHSA/FHA/PHA) employee with a minimum of 1950 hours?**
Yes PT ☐; Yes CA ☐; How many years or hours have you worked as a Health Authority employee at a VCH site or department / facility within the Sunshine Coast Community of Care? _____ year(s) or _____ hours

3. PURPOSE & DETAILS OF COURSE/PROGRAM *(Be specific and attach fee schedule)*

CONFERENCE/WORKSHOP/SEMINAR (CHECK ONE):

- ☐ Conference registration
☐ Workshop
☐ Training seminar

Conference/Seminar/Workshop Title:	
Organizing Entity:	
Course Location:	

CERTIFICATE OR DEGREE PROGRAM (CHECK ONE):

- ☐ Prerequisites for course certification
- ☐ Diploma Program – Specify diploma working towards _____
- ☐ Undergraduate Degree Program -- Specify degree working towards: Bachelor of _____
- ☐ Masters Degree Program -- Specify degree working towards: Masters of _____

Program Name:	
Name of School/University:	
Name of course(s):	
How many months/years is the certification or degree program?	
Start and end date of course(s) being applied for at this time:	
Course Location:	

4. COURSE COST & FUNDING INFORMATION

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

\$_____ 100% of registration or tuition fees only to a maximum of \$1,500 are eligible.

Books, examination/recertification fees, travel, accommodation or lost wages are **NOT** eligible.

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

- ☐ **Up to \$1500 annually for professional development** such as conferences, seminars, workshops, diploma programs, course certifications, etc. If approved, the fund will pay 100% of the conference or the course registration fee dependent on availability of funds.
- ☐ **Up to \$1500 per year for courses in an Undergraduate or Masters degree program.** If approved, the fund will pay 100% of the course registration fee dependent on availability of funds to a maximum of \$6,000 per degree (both Undergraduate and Masters).

Note the following funding restrictions:

- Applicant must be currently working in a Health Authority position at a VCH site or facility within the Sunshine Coast Community of Care
- Books, travel, accommodation, professional licensing, recertification, examination fees and lost wages are not eligible for funding.

Have you applied for (or received) any other education funding/sponsorship for this program/course/conference from your manager or other available education funds (e.g. Registered Nurses Foundation of B.C.)?

Yes ☐ (Please explain below) No ☐

How much funding do you expect to receive from other sources? _____

5. BENEFITS OF COURSE/PROGRAM

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

How does this benefit the organization either directly or indirectly?

Successful applicants are expected to:

Complete a short report (1 – 2 paragraphs) for the Sechelt Hospital Foundation Board of Directors on the benefit of the program and funding support; **AND**

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 or share with colleagues/students
- ☐ Written report for distribution to interested colleagues

Return your application to the Sechelt Hospital Foundation office, fax it to 604-885-8628 or e-mail it to sh.foundation@vch.ca. The Education Fund Committee meets once every three months on the 1st Tuesday of March, June, September and December. Applications need to be received in the Foundation office at least **one week** prior to the meeting. (For the 2024 Application Year: **Applications are due by March 1, May 28, Sept 3 and Dec 3rd**)

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:

- ☐ Course/conference information
- ☐ Proof of registration
- ☐ Proof of payment
- ☐ Proof of successful completion

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

- ☐ Course/conference information
- ☐ Course/conference costs
- ☐ Proof of pre-payment (if applicable)