



SECHELT HOSPITAL
FOUNDATION

STAFF EDUCATION FUND 2026

UPDATED APPLICATION

Please read the full details of application requirements, eligibility and review process in the Staff Education Fund Information document found here: www.sechelthospitalfoundation.org/staff-education-fund

Please read this application form carefully before completing and fill in all applicable fields.

Incomplete applications will be returned.

Your Manager's approval and signature are required to be considered for funding.

1. CONTACT INFORMATION

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

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. MANAGER APPROVAL (TO BE COMPLETED BY MANAGER)

☐ I confirm that I have reviewed this application and support the applicant's participation in the described professional development activity to enhance the quality of care and services provide to the residents of the Lower Sunshine Coast.

If applicable, the applicant will be provided time off to complete professional development activity

☐ Yes. ☐ No/ NA

Manager's Name &
Position (Print): _____

Manager's
Signature _____

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

CONFERENCE/WORKSHOP/SEMINAR (CHECK ONE):

<input type="checkbox"/> Conference registration	<input type="checkbox"/> Workshop	<input type="checkbox"/> Training seminar
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:	

5. 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.

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? _____

6. 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 Staff 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 2026 Application Year: **Applications are due by Feb 24, May 26, Aug 25 and Nov 24th**).

☐ 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)