

EDUCATION FUND COMMITTEE APPLICATION FOR FUNDING For the period July 2009 to June 2010

Application forms may be mailed or faxed to:

Education Fund Committee c/o Lloyd Adams 13 Edgeview Ct Stratford PE CIB 0H8
Fax: (902) 569-3522 E-Mail: edufund@pei.sympatico.ca Tel: (902) 569-2611

For PEINU Use Only

Date: _____ Pre-Approved _____ Not Approved _____

Direct Costs: _____ No. of Hours: _____ Salary Cost: _____

To be completed by the Applicant

PLEASE NOTE: Applications are processed on a weekly basis, in the order they are received, for courses occurring no later than 90 days from date of processing. The fund is divided in two equal portions; one half of the fund will be allocated for the period July 1st to December 31st and one half from January 1st to June 30th.

1. Name of Workshop/Seminar _____

Location _____ Date(s) _____

Please include copy of workshop/seminar information or brochure with application.

2. Name of Applicant _____ Employee #: _____

Mailing Address _____

_____ Postal Code _____

Home Telephone _____ Work Telephone _____

E-mail _____

3. Employed at _____ Start date of Employment _____

4. Present Position _____

Please indicate if you are: Full Time _____ Part Time _____ Casual _____

5. Have you received financial assistance from any other source(s) for this workshop/seminar including contributions for yourself ie: vacation days?

Yes _____ No _____ (if yes) Amount: \$ _____

Source: _____

6. Have you received funding from the Education Fund during this year (July 1-June 30)

Yes _____ No _____

7. How will you benefit from this seminar/workshop in your current position?

8. Financial Assistance requested:

A) **Direct Costs (Maximum of \$500 per fiscal year)**

i) Registration fee \$ _____

ii) Course Materials \$ _____

Total Direct Costs \$ _____

B) **Salary Replacement or Salary Payment Hours
(Maximum of 22.5 hours per fiscal year)**

i) **Full Time Employees** who will be absent from scheduled shifts to attend the Seminar/Workshop. (Maximum of 22.5 hours per fiscal year)

Number of hours you will be replaced? _____ Hours

ii) **Full Time Employees** who will attend the Seminar/Workshop on their scheduled day off may bank time in lieu. Time in lieu must be used within 30 days of the date of the Seminar/Workshop, and the replacement must be a PEINU member. If workshop is less than 6 hours, you may bank the actual hours attended, if between 6 and 7.5 hours duration, you may bank 7.5 hours, if more than 7.5 hours, you may bank the actual hours attended.

Number of time in lieu hours? _____ Hours

Expected date(s) of actual replacement? _____

iii) **Part Time and Casual Employees scheduled to work** on the date(s) of the Seminar/Workshop and replaced (Maximum of 22.5 hours per fiscal year)

Number of hours you will be replaced? _____ Hours

iv) **Part Time and Casual Employees not scheduled to work** on the date(s) of the Seminar/Workshop shall be paid by the Employer. The Employer shall be reimbursed by the Education Fund (maximum of 22.5 hours per fiscal year)

If workshop is less than 6 hours, you will be paid for the actual hours attended, if between 6

and 7.5 hours duration, you will be paid for 7.5 hours, if more than 7.5 hours, you will be paid

for the actual hours attended.

Number of hours you will be paid? _____ Hours

Date _____ Manager Signature _____ Telephone # _____

(Your Nurse Manager's signature is required on your application)

Please note the following

1. If your application is approved you will receive a pre-approval letter & claim form by mail.
2. If approved and you do not attend the workshop/seminar, please notify the Education Fund Administrator at (902) 569-2611 or edufund@pei.sympatico.ca.
3. If you have been approved for registration fee and course material costs, your receipt must be in your name. Payments will not be made directly to employers who have paid fees on your behalf.
4. Applications are processed in the order they are received while funds are available.
5. The Education Fund Guidelines, application forms and information are available at the PEINU website at www.peinu.com.

Date _____ Signature of Applicant _____