



## Staff Education Funding-Application Form

This program is available to non-Physician staff only

Received: \_\_\_\_\_

Please complete **all** sections and signatures. Incomplete applications will not be considered.

Amount Requested: \$ \_\_\_\_\_ Application date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Employment status:  Full time  Part time

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone (mobile **and** PAH local): \_\_\_\_\_

E-mail (personal & Fraser Health): \_\_\_\_\_

*Peace Arch Hospital and Community Hospital (PAHCH) Foundation respects your privacy. For more information on our privacy policy, visit [www.pahfoundation.ca](http://www.pahfoundation.ca)*

**Applications must be received two months prior to date of education opportunity. Submit invoices/receipts for payment. Maximum funds awarded are \$3,000 for professional development workshops and conferences including fees, travel, accommodation, and materials. Applications may be limited to one per applicant per calendar year. Funds will not be awarded for post-secondary degree or diploma programs.**

1. Detailed description of seminar/development workshop/conference. Please attach copies of the conference/course agenda and information, and provide website link (if applicable):

2. Detailed budget: (meals or other incidental expenses are not covered)

3. Date(s) of education opportunity:

4. Describe the anticipated outcomes and the impact or benefit to patient care or the community:

5. Does your department have any funds allocated to this education opportunity? If yes, how much? If not, why?

7. **Mandatory Approval** by your direct manager, program director, and PAH Executive Director:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ *By putting my name on the signature line above (hard copy or typing in e-doc), I hereby agree to abide by all decisions of the PAHCH Foundation, that all funding decisions are final. All application material becomes the property of PAHCH Foundation for its use or release of same material for any purpose including publicity and funding agencies shared databases. Approval is based on amounts requested, granted, and at discretion of the PAHCH Foundation.*

Applicants who are granted funds are asked to submit a report to the PAHCHF after the conclusion of the educational event, describing the benefits and learnings from the educational opportunity.  
**Please submit this form to:**

Ashley Hadland, Community Engagement  
 Coordinator  
 Peace Arch Hospital and Community Health  
 Foundation  
 15521 Russell Avenue, White Rock, BC V4B 2R4

Phone: 604.535.4520 (or local 757871)  
 Fax: 604.541.5820  
 Email: [ashley@pahfoundation.ca](mailto:ashley@pahfoundation.ca)

Foundation Office Use Only: Approved:  Yes  No Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Approved Amount \$: \_\_\_\_\_ Fund: \_\_\_\_\_

Project ID: \_\_\_\_\_