

STAFF EDUCATION GRANT APPLICATION FORM

PAHF Staff Education Grant aims to provide education development and innovative learning opportunities to Peace Arch Hospital (PAH) and Fraser Health Community employees working in the White Rock/South Surrey region. Funding is available for professional development opportunities including: conferences, seminars, and workshops (including fees, travel, accommodation, and materials). University courses including diplomas or degrees, and continuing education programs are not eligible.

Eligibility Requirements

- Must be a full or part-time PAH or Fraser Health Community employee working in the White Rock/South Surrey area
- Applications must be submitted a minimum of 30 days prior to the educational opportunity
- Individuals may apply once per calendar year (maximum \$3,000)
- Physicians are not eligible to receive funding

Please review the Application Guidelines carefully and complete all sections and signatures. Incomplete applications will not be considered.

Applicant Name:	Date:
Job Title:	Department:
Employment Status: 🗆 Full time 🗆 Part time	Amount Requested:
Phone Number: Pe	ersonal Email:
Fraser Health Email:	
·	e proposed educational opportunity. Attach copies of the information, providing a website link if applicable.
Date(s) of education opportunity:	

3. Detailed budge	t: (meals, alcoholic beveraç	ges, and other incidental exp	enses are not covered)
4. Describe the an	ticipated outcomes and the	e impact or benefit to patient	care or the community:
	tment have any funds allocations	ated to this education opporto	unity? If yes, how much
not, why?			
6. Will this education	anal apportunity banafit the	e elderly population at PAH?	□Yes □No
By signing below, South Surrey regio	I verify that the applicant is a Fon, and confirm this education	ager, Program Director, and P PAH or FH Community employee al opportunity is an approved ac	working in the White Roc
employee in their		Docition.	Data
ne:	signature:	Position:	Date:
ne:	Signature:	Position:	Date:
ne:	Signature:	Position:	Date:
	orginature		Bate.
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Applicant Signature:	e signature line above (hard c	Date: opy or electronic), I hereby agre	e to ahide by all decision
		al. All application material becor	
ts use or release of same i	material for any purpose incluc	ling publicity and funding agend	cies shared databases.
		oort to PAHF after the conclusion of the conclusion of the poortunity. PAHF respects your	
		oundation.ca/contact/account	
	, s. <u> </u>		
Please submit application			
Amy Westen, Special Projects Officer			
	ojects Officer	Phone: 604-535-452	20
Peace Arch Hospital Fo	rojects Officer undation	Fax: 604-541-5820	
Peace Arch Hospital Fo	rojects Officer undation	Fax: 604-541-5820	20 n@pahfoundation.ca
Peace Arch Hospital Fo 15521 Russell Avenue, W	rojects Officer undation Vhite Rock, BC V4B 2R4	Fax: 604-541-5820 E-mail: <u>amywester</u>	@pahfoundation.ca
Peace Arch Hospital Fo 15521 Russell Avenue, W FOUNDATION USE ONL	rojects Officer Jundation White Rock, BC V4B 2R4 Y: Received:	Fax: 604-541-5820 E-mail: amywester Project ID:	@pahfoundation.ca
Peace Arch Hospital Fo 15521 Russell Avenue, W FOUNDATION USE ONL Approved: Yes No	rojects Officer Jundation White Rock, BC V4B 2R4 Y: Received:	Fax: 604-541-5820 E-mail: amywester Project ID: Fund:	@pahfoundation.ca