



Nurses Bargaining Association (NBA) - Health Employers Association of BC (HEABC)

Joint Training/Education Partnership Fund

Education Funding Application

Applicant Type (please check one)						
		☐ Individual Employee	☐ Health Employer			
	Em	nployee Information (to be co	ompleted by both applica	ant types)		
Health employer applicants only, please check one: We are applying on behalf of one displaced nurse (if checked, complete the section be only, please check one: We are applying on behalf of more than one nurse (if checked, attach list of names)						
Full Name:	ast		First		M.I.	
Address:	reet Address				Apartment/Unit #	
Ci	ity			Province	Postal Code	
Home Phone:	()	Email:				
Union:	□ BCNU	Currer	nt Work Location:			
Position:			FTE:			
Employer Information (to be completed by both applicant types)						
Employer Name	e:					
Contact Name ¹ :	Last		First		M.I.	
Contact Name ² :						
Addroso	Last		First		M.I.	
Address:	Street Addre	ss			Unit #	
	City			Province	Postal Code	
Phone:	()		Email:			

¹ Individual employee applicants should fill in their manager's name here. Health employer applicants should fill in the name of the primary employer contact.

² Individual employee applicants can leave this information blank. Health employer applicants should fill in the name of the secondary employer contact (if applicable) or the union representative (if the applicant is an affiliate employer-union representative team).

Education Funding Request Who will offer the education/training? (check one) ☐ The Employer ■ An Educational Institution Name of Educational Institution: Name of Department/Program (if applicable): **Course Number and Name Start Date End Date** (Please attach course descriptions to this application) (MM/DD/YY) Cost (\$)* (MM/DD/YY) **Total Tuition Requested:** Total Application Fee(s) (if applicable): Total Student Activity Fee(s) (if applicable): Total Other Fee(s) (if applicable, please specify): **Total Education Cost:** Total Wage Funding Requested (if applicable): (Duration of Education Period in weeks) x (Hourly Rate) x (FTE x 36) Total Cost (Total Education Cost + Total Wage Funding Requested): *For health employers applying on behalf of more than one nurse, please detail tuition, wage and other costs for each nurse on a separate, attached sheet and write sum totals beside each cost type above. **Funding Justification** Applicants must answer the following questions on the next page: If displaced-1) Please describe the history of the displacement process for the nurse(s) named in this application. Please include information about when the displacement letter(s) was dated, the effective date of the displacement(s), and any actions taken subsequent to receiving the displacement letter. What positions will be available at the end of the nurse(s) training? 3) How will completing the proposed course(s) support the nurse(s) application to those position(s)? 4) How will the proposed course(s) minimize job loss? **Additional Documents Required** Individual employee applicants must attach: Health employer applicants must attach: copy of your displacement letter copy of the employee's displacement letter (or (if applicable) displacement details included with the list of employee names where multiple nurses are involved) - if applicable course description(s) □ job description(s)/posting(s) course description(s) □ job description(s)/posting(s) list of employee names if the application is being made on behalf of more than one nurse

additional cost detail if the application is being made on

behalf of more than one nurse

Funding Justification Answers
Please mail, fax or email your application Attn: NBA-HEABC Joint Training/Education Partnership Fund to the Health Employers Association of BC: #200 – 1333 W. Broadway, Vancouver, BC, V6H 4C6, Eax: (604) 736-2715 Email: trainingfund@heabc be ca