

**Joint NBA-HEABC Retraining/Education  
Partnership Fund**

# **Guidelines for Applicants**

**Version 1.2 – May 2011**

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## About the Fund

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The *Joint NBA-HEABC Retraining/Education Partnership Fund* provides educational support and assistance to nurses impacted by displacement. The goal of the *Fund* is to minimize job loss and workplace disruption resulting from displacement. In addition to better outcomes for individual employees, retraining displaced nurses maximizes the ability of health authorities and their affiliates to respond to employment needs through skill realignment. The fund is administered by the *NBA-HEABC Retraining/Education Partnership Fund Joint Steering Committee*.

In May of 2010, the Ministry of Health Services, the Health Authorities, the Health Employers Association of BC (HEABC) and the Nurses Bargaining Association (NBA) entered into a Memorandum of Agreement regarding the 2010 Total Compensation Residual Allocation, which flowed from the 2010-2012 Contract Extension Agreement. The agreement included the allocation of \$1.2 million dollars to a Retraining/Education Partnership Fund. Subsequent funding will be reviewed and may be renewed on an annual basis. The *Fund* is distributed between BC's health authorities and their affiliates on the basis of FTE.

## Who We Fund

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To be considered for funding:

1. You must be:
  - a. a BC Health Authority or Health Authority Affiliate employee who is a current member of the BC Nurses Bargaining Association (NBA) (applying on your own behalf); or,
  - b. an employer representative of a BC health authority applying on behalf of one or many NBA members; or,
  - c. a BC Health Authority Affiliate employer representative and union representative team applying on behalf of one or many NBA members.
2. You must:
  - a. have received a displacement letter dated on or after September 1, 2010; or,
  - b. be applying on behalf of one or more NBA members who received displacement letters dated on or after September 1, 2010.
3. You must submit a nursing retraining/education proposal that is:
  - a. likely to result in employment for yourself (if you are applying on your own behalf); or,
  - b. likely to result in employment for one or more nurses who has/have been or will be displaced (if you are a health employer).

Proposal requirements will be described in detail in the section "How to Apply."

## What We Fund

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Funding will be considered for:

- training in critical care nursing
- other specialty nursing training or skill upgrading for work in acute care
- any other nursing related education that the *Joint Steering Committee* deems as meeting the mandate of the Partnership Fund

You must demonstrate the likelihood that the proposed training/education is likely to lead to employment in one or more current nursing vacancies.

## How to Apply

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You can obtain an application form from one of two websites:

The BCNU website, at the following web address:

[http://www.bcnu.org/whats\\_new\\_media/bulletins/2010/10-21.htm](http://www.bcnu.org/whats_new_media/bulletins/2010/10-21.htm)

The HEABC website, at the following web address:

<http://members.heabc.bc.ca/Page4081.aspx>

If you are unable to access the application form online, please contact your BCNU Regional Chair.

Your proposal will consist of two parts:

- 1) The completed application form (instructions follow)
- 2) Additional documents as required (instructions follow)

Once you have assembled all components of the proposal, you must mail, fax or email them to:

The Health Employers Association of BC  
#200 – 1333 W. Broadway  
Vancouver, BC V6H 4C6  
Fax: (604) 736-2715 Email: [darlenel@heabc.bc.ca](mailto:darlenel@heabc.bc.ca)  
Attn: Darlene Lavia

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## **Instructions for Completing the Application Form**

There are seven sections for the applicant to complete:

- A. Applicant Type
- B. Employer Information
- C. Employee Information
- D. Education Funding Request
- E. Wage Funding Request (if applicable)
- F. Funding Justification
- G. Additional Documents Required

The *Proposal Sub-Committee* and *Approvals Sub-Committee* sections will be completed by members of those respective committees.

### **A. Applicant Type**

Check the box beside “Individual Employee” if you are a displaced nurse and are applying on your own behalf. Check the box beside “Health Employer” if you are an employer representative or employer/union representative Affiliate team applying on behalf of one or many displaced nurses.

### **B. Employer Information**

Complete the requested employer information regardless of your applicant type. Where employer contact names are requested:

- a. *Individual Employees* - Enter the name of the manager you report(ed) to in the position from which you have been displaced.
- b. *Health Employers* - Enter the name of the primary applicant beside the first instance of “Contact Name” and, if desired, the name of a secondary employer representative beside the second instance. If you are an affiliate employer/union team, enter the employer representative’s name beside one instance of “Contact Name” and the union representative’s name beside the other instance.

### **C. Employee Information**

*Health Employer* applicants - Indicate if you are applying on behalf of one displaced nurse or multiple displaced nurses. If the latter is true (multiple nurses), you must attach a list of names. If the former is true (one nurse only), you must complete the employee information (name, address, phone number, union, etc.) that immediately follows.

*Individual Employee* applicants – You can skip the single versus multiple nurse checkboxes and proceed to filling out your own information (name, address, phone number, union, etc.).

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#### **D. Education Funding Request**

This is where you will provide the details of your funding request. First, you must indicate if the education/training will be provided by the employer or an educational institution (check one). Write the name of the educational institution, the department, and/or the program (if applicable).

##### ***Course Information***

Please write the proposed course names and numbers, the start date and end dates and the tuition/course fees under the appropriate columns. You can attach a page if you run out of space.

##### ***Total Tuition Requested***

Calculate the total tuition/course fees you are proposing and write them beside “Total Tuition Requested.” *Health Employers* applying on behalf of more than one nurse can write the total tuition cost on this line, but should attach a more detailed costing by individual nurse.

##### ***Application Fees, Student Activity Fees and Other Fees (if applicable)***

If your proposed program will incur any application fees, student activity fees or other fees, please indicate so on the appropriate lines.

##### ***Total Education Cost***

Add the “Total Tuition Requested,” the “Total Application Fees (if applicable),” the “Total Student Activity Fees (if applicable),” and the “Total Other Fees (if applicable)” to arrive at the “Total Education Cost.”

##### ***Total Wage Funding Requested (if applicable)***

If you are requesting funding for wages for the duration of the education period, please use the following formula as a guideline:

$$\text{(duration of education period in weeks)} \times \text{(hourly rate)} \times \text{(FTE} \times 36\text{*)}$$

\*The number 36 represents the average work hours per week, as per Article 26.01 of the *NBA 2006-2010 Collective Agreement*.

If you would prefer to calculate your wage funding request differently, please attach your calculations and provide an explanation as to why it ought to be calculated in that way.

##### ***Total Cost***

To arrive at the total cost of your proposal, add the “Total Education Cost” to the “Total Wage Funding Requested (if applicable).”

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## **E. Funding Justification**

In this section, you are asked to answer specific questions about your proposal. The application form includes a lined page on which you will write your answers.

**1) Please describe the history of the displacement process for the nurse(s) named in this application.**

Your answer to this question helps the *Proposal Sub-Committee* and *Approvals Sub-Committee* understand the displacement situation.

**2) What positions will be available to the nurse(s) at the end of the nurse(s) training?**

The proposed education/training program should result in your placement (or placement of the nurse(s) on behalf of whom you are applying) in one or more specific vacancies. Please list those position titles and attach job descriptions or postings.

**3) How will completing the proposed course(s) increase the likelihood the nurse(s) will secure the position(s)?**

You must clearly demonstrate how completing the education/training program will increase the likelihood of securing employment in the vacant position(s).

**4) How will the proposed course(s) minimize job loss?**

In addition to your answer to 3) above, you must clearly explain how the proposed education/training program will minimize job loss not only for the displaced nurse(s), but for others who would be bumped if the nurse were not able to secure a vacancy.

## **F. Additional Documents Required**

*Individual Employee* applicants – you must attach a copy of your displacement letter, course descriptions and job descriptions/postings for the position(s) you wish to secure.

*Health Employer* applicants – you must attach several documents:

- **Employee displacement details** – a copy of the employee’s displacement letter (if applying on behalf of one nurse); or, displacement details included with the list of employee names (if applying on behalf of more than one nurse). Displacement details include the date of the displacement letter, the displacement effective date and the reason for displacement. If the displacement has yet to occur, the employer must describe their plan for displacement.
- **Course description(s)** for the proposed training program
- **Job description(s)/posting(s)** – of vacancies you hope the employee(s) will secure as a result of the education/training.
- **Additional cost detail** – to supplement the “Education Funding Request” section (if applying on behalf of more than one nurse).

## What Happens After You Apply

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The *Proposal Sub-Committee* for your Health Authority will review your application to determine if it should be endorsed and forwarded to the *Approval Sub-Committee*. Both sub-committees consist of employer and union representatives. If the *Proposal Sub-Committee* decides not to forward your application to the *Approval Sub-Committee*, you will be notified in writing. Applicants whose proposals are forwarded to the *Approval Sub-Committee* will not be notified in writing until a final decision is made.

The *Approval Sub-Committee* will meet to review and make a decision on all applications. Applications will either be fully-funded, partially-funded or rejected. Once a decision is made, applicants will be sent a notification letter. If approved, you will be contacted by the Proposal Sub-Committee with further instructions. *Approval Sub-Committee* decisions are final and there is no appeal process.

Applicants who receive funding will be contacted at a later date regarding the outcome of their education/retraining program.