



APPLICATION FORM

RETRAINING FUND

Complete this form in ink (please print) and ATTACH the following:

- Current Job Description with your hourly wage
- Confirmation of Employee Status Form

If course already completed:

- Proof of *registration* for the retraining program/course.
- Proof of *payment* (original documents only) for the retraining program and course materials.
- Proof of retraining program *completion*.

- OR -

If course not yet completed:

- Proof of *acceptance* or *registration* for the retraining program/course.
- Course Fee Breakdown

*** Note: the administrator may require you to provide additional information such as job descriptions in the area that you are looking to move into**

JOINT COMMUNITY HEALTH RETRAINING FUND APPLICATION FORM

SECTION A: Employee Information

- ARE YOU COVERED BY THE 2014-2019 **COMMUNITY HEALTH SUBSECTOR COLLECTIVE AGREEMENT**? Yes No
- DID YOU LOSE YOUR JOB AS A RESULT OF LAY OFF DUE TO CONTRACTING OUT OR RETENDERING?
IF SO, DATE OF LAY OFF _____

NAME OF EMPLOYER AT TIME OF LAYOFF _____

01 Last Name

02 First Name and Initial(s)

03 ALL CORRESPONDENCE WILL BE MAILED TO THIS ADDRESS

Street Address/Box or Apartment Number

04 City/Town

05 Province

06 Postal Code

07 Area Code

Home Phone Number

Area Code

Cell/Pager Number

Area Code

Work Number

08 E-Mail Address

Extension

SECTION B: Employer Information

09 Employer (please check one):

- Vancouver Coastal Health Authority
- Fraser Health Authority
- Northern Health Authority
- Vancouver Island Health Authority
- Interior Health Authority
- Provincial Health Services Authority
- Affiliate

10 Worksite: _____

11 Worksite Address: _____

12 Union: _____

13 Wage Rate: _____

SECTION C: Course/Program Information

13 *Name of School*

14 *Location*

15 *Course Name (and Number)*

16 *Course Hours per week*

17 *Course Start Date (yy/mm/day)*

18 *Course End Date (yy/mm/day)*

19 *Funding Amount Requested (Please provide breakdown of course and costs)*

Course Name

Course Cost

<i>Course Name</i>	<i>Course Cost</i>

20 *Please explain why you have selected this course or program and how it relates to continued employment in the Community Health Sector (Note: if you are applying to a private institution or for private training, please provide your reasons here):*

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY DECLARATION FOR FUNDING APPLICATION

Declaration (important – read and sign):

I declare that: The information that I have provided in this application form is, to the best of my knowledge, correct and complete.

I agree that: I may be asked to repay some or all of the monies which have been funded to me by the Joint Community Health Retraining Fund (The Fund) if I fail to complete a course, or courses, without justification.

I recognize that: if I receive money from the Joint Community Health Retraining Fund, and I have received Employment Insurance (EI) as a result of a layoff, EI may attempt to recover the monies paid to me. Please contact your local EI Office for further details.

I understand that: The information I have provided will be used to determine my eligibility for funding from the Joint Community Health Retraining Fund.

I agree that: by signing below I give permission for the exchange of information between The Fund, my employer, educational institutions, and other funding sources for the sole purpose of verifying and/or investigating information in this application and related documents.

I agree that: I will participate in a follow-up survey to help the Joint Community Health Retraining Fund committee determine the success of the program.

I agree that: I will stay in the health sector for a minimum of 3 times the length of retraining or be responsible for repayment.

Collection and Use of the Information:

The personal information on this form will only be used for two (2) purposes:

- to determine eligibility for funding by the CBA Retraining Fund; and
- to gather statistics for use in reports (for example: the number of applications from care aides, the types of training funded, etc.)

Signature of Applicant: _____ Date Signed: _____

Print Name: _____

SECTION E: Checklist *(to ensure quick processing of your application please include all of the following with your application form)*

- Confirmation of course registration
- Confirmation of Employee Status
- Current Job Description and wage rate
- Course fee breakdown
- Application completed and signed in ink**

Send the completed application and other documentation to:

Attention: Fund Administrator

B.C. Government and Service Employees' Union

4911 Canada Way

Burnaby, BC V5G 3W3

Telephone: 604-291-9611 Toll Free: 1-800-663-1674 Fax: 604-291-6030

Email: chrf@bcgeu.ca

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