

APPLICATION FORM: AAHP MEMBERS' EDUCATION FUND Revised December 2015

GENERAL INFORMATION FOR APPLICANTS:

- This form must be completed and submitted by Association of Allied Health Professionals (AAHP) members who apply for funding under the AAHP Members' Education Fund.
- Applicants are strongly encouraged to read the AAHP Members' Education Fund Guidelines prior to completing and submitting their application.
- The **maximum amount** of funding awarded to successful applicants under the Education Fund is **\$500** per 12 month period.
- All <u>five (5) sections</u> of this form <u>must</u> be filled in, and the form <u>must</u> be signed for the application to be considered complete and eligible for the *Education Fund*. Incomplete and/or incorrect applications may be rejected without notice.
- It is the position of AAHP that the responsibility for assuming costs associated with continuing job related education resides with the employer. As a result, this fund should not be viewed as a primary funding source. This application will not be considered unless documentation is signed by the employer indicating if funding was approved or denied.
- Applicants may contact the AAHP Office (<u>info@aahp.nf.ca</u> or 722-3353), or their AAHP on-site representatives, for further assistance related to this application or the Education Fund.

SUBMITTING YOUR APPLICATION:

- Applications must be received **by 5pm** on the relevant **Application Deadline Date** outlined below.
- Applications **must be** submitted to the AAHP Office by:

Mail or Drop-Off at: The Association of Allied Health Professionals

The Dorset Building, 6 Mount Carson Avenue

Mount Pearl, NL, A1N 3K4

Email at: info@aahp.nf.ca
 Fax at: (709)722-0987

APPLICATION DEADLINE DATES & COVERING PERIODS:				
Application Deadline Date(s)	Covering Period*			
Application Deadline Date(s)	for Education Events Attended Between:			
> August 15	October 1 to December 31			
November 15	January 1 to March 31			
February 15	April 1 to June 30			
> May 15	July 1 to September 30			

^{*}Exceptions: The AAHP recognizes that there may be exceptional circumstances when an education event for a particular covering period is announced after the application deadline date that period has already passed. In these cases, members may submit a completed application to AAHP Membership Education Fund by the next Application Deadline Date for funding consideration, along with all relevant receipts for expenses associated with the event. Please see the AAHP Members' Education Fund Guidelines for further clarification.

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PART I: APPLICANT INFORMATION						
First Name:			Las	t Name:		
Home Mailing A	Address:	Apt.# Str	eet # & Na	ame:		
		City/Town:		Postal Co	de:	
Contact Informa	ation:				(work)	
		Email (h):		_ Email (w):	Fax #:	
Occupation/Cla	ssification:			_		
Employer:		Employer Locatio	n:	(Site)	(City/Town)	
Are you currently an active AAHP member? (i.e. working and paying AAHP dues) □ Yes □ No Will you be on an approved, unpaid Leave of Absence at the time of your education event? (e.g. Maternity leave) □ Yes □ No						
PART II: EDUCA	TION/PROF	ESSIONAL DEVELOP	MENT EVE	NT INFORMATION		
Name of Event:				Event Date:		
Description of E registration fees	=	se attach a copy of ar	ny relevant	t information pertaining to	o this event, including any	
Event Sponsor:						
		Name)		(Address)		
Event Location:						
Type of Event:	nt: AGM/Professional Meeting Conference/Seminar/Workshop Academic Course (on-campus) Academic Course (distance) Other					
PART III: EMPI Employer's rep			RTANT: Th	nis section must be compl	eted and signed by the	
This is to certify	that		has app	olied for financial assistanc	ce from the Employer to attend	
the professional development/education activity identified in Part II of this application. Based on this request:						
☐ The Employer	has approv	ved funding in the am	ount of \$; or		
☐ The Employer	has not ap	proved funding.				
Employer's Repre	esentative Sig	gnature & Title		Phone Number	 Date	

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required.

PART IV: FINANCIA	AL INFORMATION			
1. Total Antici	oated and/or Actual	Expenses for the Professional Development/Education Event*:		
Texi Tran Tele Dep	er	\$ \$		
*Expenses for Mileage, Meals, Telephone and Private Accommodations will be reimbursed as per rates outlined in the AAHP Collective Agreement; Receipts are required for Taxis, Dependent Care and any expenses claimed under ``Other``. 2. Portion of Expenses/Amount requested under the AAHP Education Fund (Maximum \$500): This amount should be equal to: Total Expenses (as per #1 above) \$ Minus Employer Contribution - \$ Minus Funding from Other Sources - \$ Equals Unfunded Amount = \$				
3. Have you re If yes, when	~	er the AAHP Education Fund within the past 12 months? — Yes — No		
PART V: APPLICAN	IT CERTIFICATION			
		r's Name) I certify that the information presented in this application is true cation Committee to validate any of the aforementioned information if		

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(Members' Signature)

(Date)