

## 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 **five (5) sections** of this form **must** be filled in, and the form **must** 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 ([info@aahp.nf.ca](mailto:info@aahp.nf.ca) 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](mailto:info@aahp.nf.ca)
  - Fax at: **(709) 722-0987**

### APPLICATION DEADLINE DATES & COVERING PERIODS:

Application Deadline Date(s)	Covering Period* <i>for Education Events Attended Between:</i>
➤ <b>August 15</b>	➤ October 1 to December 31
➤ <b>November 15</b>	➤ January 1 to March 31
➤ <b>February 15</b>	➤ April 1 to June 30
➤ <b>May 15</b>	➤ 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.



**PART IV: FINANCIAL INFORMATION**

**1. Total Anticipated and/or Actual Expenses for the Professional Development/Education Event\*:**

Tuition/Registration Fees	\$ _____
Text Books/Materials	\$ _____
Transportation:	
Airfare	\$ _____
Mileage	\$ _____
Taxi	\$ _____
Telephone Calls	\$ _____
Dependent Care	\$ _____
Accommodations	\$ _____
Meals	\$ _____
Other	\$ _____
Other	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>

\*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 received funding under the AAHP Education Fund within the past 12 months?**    Yes    No

If yes, when? \_\_\_\_\_

**PART V: APPLICANT CERTIFICATION**

I \_\_\_\_\_ (*Member's Name*) I certify that the information presented in this application is true and correct. I hereby authorize the Education Committee to validate any of the aforementioned information if required.

\_\_\_\_\_ (*Members' Signature*)

\_\_\_\_\_ (*Date*)