



# FBA EDUCATION FUND

## APPLICATION FORM

Before completing this application please read the Overview of Criteria document located on the HEU website: [www.heu.org/education/fba-education-fund](http://www.heu.org/education/fba-education-fund)

### SECTION A: Employee Information

Are you covered by the 2022-2025 **Health Services & Support Facilities Subsector** collective agreement?    YES    NO

01 Last Name \_\_\_\_\_ 02 First Name & Initial(s) \_\_\_\_\_

ALL CORRESPONDENCE WILL BE MAILED TO THIS ADDRESS

03 Street Address \_\_\_\_\_ Apartment/Suite Number \_\_\_\_\_

04 City/Town \_\_\_\_\_ 05 Province **B.C.** 06 Postal Code \_\_\_\_\_

07 Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
(include area code) (include area code)

08 Personal Email Address \_\_\_\_\_

09 Employee Number \_\_\_\_\_

**NOTE:** The following personal information is collected for statistical purposes only, to help the union know if the Fund is reaching a broad range of the FBA membership; it will not be considered in assessing an applicant's eligibility for funding from the FBA Education Fund and will not be disclosed to any third parties.

10 For equity purposes, if you identify as any of the following members, please check the appropriate box:

Indigenous	2SLGBTIA+	Worker with disabilities	Worker of Colour
2-Spirit, Women or Non-Binary		Young Worker (33 years or younger)	
None of the above	Prefer not to say		

### SECTION B: Employer/Union Information

11 Employer *(please check one):*

Vancouver Coastal	Interior	Providence
Vancouver Island	Northern	Shared Services Organization
Fraser	Provincial	Affiliate

12 Work Site \_\_\_\_\_

13 Have you been repatriated\* to direct Health Authority employment?      YES      NO

*\*repatriated meaning your employment was transferred from a private company into the direct employ of a health authority*

14 Union:

HEU

BCNU

BCGEU

IBEW

UBCJA

IUOE

UAJAP&P

IUPAT

PPWC

## SECTION C: Course/Program Information

15 Name of School \_\_\_\_\_ 16 Location \_\_\_\_\_

17 Course Name and Number \_\_\_\_\_

18 Course Hours per Week \_\_\_\_\_

19 Course Start Date \_\_\_\_\_ 20 Course End Date \_\_\_\_\_  
(yyyy/mm/day) (yyyy/mm/day)

21 Confirmed?      YES      NO

22 Are you on a waitlist?      YES      Projected Start Date \_\_\_\_\_

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## CONFIRMATION of EMPLOYEE STATUS FORM

### EMPLOYEE, PLEASE COMPLETE:

Name of Employee \_\_\_\_\_

Job title \_\_\_\_\_ Dept. \_\_\_\_\_

*If Applicable:*

**Unpaid** Leave requested for the following dates or period: \_\_\_\_\_

*Please attach a list if necessary or if no leave is required, please put N/A*

**Casual employees:** if being in attendance is required for any portion of your training, please submit payroll proof of hours and shifts worked in the six months prior to your application date, or prior to your training, whichever is sooner. (i.e. application date Apr 15, 2022; proof of hours and shifts worked from Oct. 1, 2021 – Mar. 30, 2022 required).

### EMPLOYER, PLEASE COMPLETE:

**STATUS:**      Regular FT      Regular PT      Casual

Current FTE \_\_\_\_\_ (1.0, 0.5, 0.8, etc.)

Casual Employee: 488 hours of work completed?      YES      NO

Is this employee currently on any other leave?      YES      NO

If yes, please explain. \_\_\_\_\_

Is this employee covered by the 2022-2025 **Health Services & Support Facilities Subsector** collective agreement?      YES      NO

*On behalf of the Employer,*

Employer Name \_\_\_\_\_ Title \_\_\_\_\_  
*(please print)*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Work Site Name \_\_\_\_\_

Employer Phone \_\_\_\_\_ Email \_\_\_\_\_

*If Applicable:*

I, \_\_\_\_\_ approve \_\_\_\_\_ days, or the period \_\_\_\_\_ to \_\_\_\_\_  
*(Signature)*

of unpaid leave as requested above.

## COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

Except as otherwise stated, personal information collected in this application form and related documents will be used to determine the applicant's eligibility for funding from the FBA Education Fund.

Except as otherwise stated, personal information collected may also be disclosed to third parties (including relevant educational institutions and the applicant's employer) for the following purposes:

- to verify and/or investigate the accuracy of the information provided by the applicant;
- to administer any funds awarded to the applicant;
- to communicate with the employer regarding leave requests or other matters relevant to the applicant's actual or intended course of study training.

Personal information collected may also be converted into non-identifiable or aggregate form for statistical reporting purposes – for example, to report on the number of applications received from members of an equity group (e.g., young workers); to report on the various types of study or training funded; etc.

Signature of Applicant: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

## CHECKLIST

Confirmation of course registration and confirmed start date **attached** *(for programs with registration deadlines)*.

Completed Employee Status Form **attached** *(including Employer's section)*.

Application **completed** and **signed**.

**Submit your application form** via email, fax or regular mail



**EMAIL:**  
[FBAeducationfund@heu.org](mailto:FBAeducationfund@heu.org)



**FAX:**  
604-739-1510



**MAIL:**  
FBA Education Fund  
c/o 5000 North Fraser Way  
Burnaby, B.C. V5J 5M3