



# 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 2025-2029 **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       2SLGBTQIA+       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       Interior       Providence
- Coastal Vancouver       Northern       Shared Services
- Island Fraser       Provincial       Organization 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(s)/Program and Number(s) \_\_\_\_\_

18 Course/Program Hours per Week \_\_\_\_\_

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

21 Confirmed?  YES  NO

22 Are you on a waitlist?  YES  No Projected Start Date \_\_\_\_\_

23 Have you applied for other funding for the course/program?  YES  NO

If yes, please specify the funding \_\_\_\_\_

Please explain how this course/program will help you in your current job or future career goal in health care within the **facilities subsector** bargaining unit.

Note: Job postings from facilities subsector may be required for specific course/program.

**FBA EDUCATION FUND**  
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 July 1, 2026; proof of hours and shifts worked from Jan 1, 2026 – June 30, 2026 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 2025-2029 **Health Services & Support Facilities Subsector** collective agreement?     YES     NO

FBA Employment Start Date: \_\_\_\_\_ (yyyy/mm/dd)

*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