



Staff Education Grant Application

PART 1: TO BE COMPLETED BY APPLICANT

Name: _____ Position Title: _____

Department: _____ Telephone: _____

Department Address: _____ Email: _____

Number of years currently employed in the care of the 0-18 year population: _____

Have you received funding through this grant? If so, when: _____

Have you applied for any other source of funding? If so, please list: _____

Conference / Workshop / Course applying for (attach brochure): _____

Location: _____ Date: _____

Relevance to your position: _____

Detailed Summary for sharing information/knowledge gained (limit – one page):

Applications **NOT SIGNED** will be **RETURNED** to the employee.

Cost Breakdown: ~~Travel:~~ \$ N/A

~~Accommodation:~~ N/A

~~Meals:~~ N/A

Registration Fee: _____

Other (Specify): _____

Estimated Total Cost: _____

Signature: _____ Date: _____

Division Manager Signature: _____ Ph #: _____

Division Manager email: _____ Date: _____

SUBMIT TO: CHILDREN'S AND WOMEN'S HEALTH STAFF EDUCATION GRANT COMMITTEE
Janeway Children's Health & Rehabilitation Centre
Room 2J141, 300 Prince Philip Drive, St. John's, NL A1B 3V6
Fax – 709-777-4446

E-Mail – paula.dalley@easternhealth.ca OR kathryn.nichol@easternhealth.ca

PART II: TO BE COMPLETED BY THE JANEWAY FOUNDATION STAFF EDUCATION GRANT COMMITTEE

Recommended: _____ **Not Recommended:** _____

Comments: _____

 Chairperson

 Date

All **original receipts** are required for reimbursement. **Signed Claims to be submitted to Janeway Administration, Rm 2J141, Janeway Hospital**