



## 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Education Opportunity (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:**      Registration Fee:                      \_\_\_\_\_  
    Other (Specify):                      \_\_\_\_\_  
    Estimated Total Cost:                      \_\_\_\_\_

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

Division Manager Signature: \_\_\_\_\_ Ph #: \_\_\_\_\_

**SUBMIT TO: CHILDREN’S AND WOMEN’S HEALTH STAFF EDUCATION GRANT COMMITTEE**

**E-Mail – [paula.dalley@easternhealth.ca](mailto:paula.dalley@easternhealth.ca)**

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

**Recommended:** \_\_\_\_\_ **Not Recommended:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_

Chairperson	Date