

SECTION B: Employer Information

10 Employer (please check one):

- | | | |
|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Vancouver Coastal | <input type="checkbox"/> Fraser | <input type="checkbox"/> Northern |
| <input type="checkbox"/> Vancouver Island | <input type="checkbox"/> Interior | <input type="checkbox"/> Provincial |
| <input type="checkbox"/> Affiliate | | |

11 Work site: _____

12 Work site address: _____

13 Union: _____

SECTION C: Course/Program Information

14 Name of School

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15 Location

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16 Course Name (and Number)

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17 Course Hours per Week

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18 Course Start Date (yy/mm/day)

2	0	0					
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19 Course End Date (yy/mm/day)

2	0	0					
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SECTION D:

Reason given for denial of application:

Please briefly and clearly explain why you feel the denial of your application was incorrect:

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY DECLARATION FOR FUNDING APPLICATION

Declaration (important – read and sign):

I declare that the information that I have provided in this application form is, to the best of my knowledge, correct and complete.

I understand that: the information I have provided will be used to determine my eligibility for funding from the FBA Education Fund.

I agree that: by signing below I give permission for the exchange of information between the FBA Education Fund, my employer, educational institutions, and other funding sources for the sole purpose of verifying and/or investigating information in this application and related documents.

I agree that: I will participate in a follow-up survey to help the FBA Education Fund determine the success of the program.

Collection and Use of the Information:

The personal information on this form will only be used for two (2) purposes:

- to determine eligibility for funding by the FBA Education Fund, and
- to gather statistics for use in reports (for example: the number of applications from care aides, the types of training funded, etc.)

Signature of Applicant: _____

Print Name: _____

Date Signed: _____

Adapted from LPN Upgrading fund information, Ministry of Health, Province of British Columbia.

Are all parts of the Appeal Form complete? Have you signed the form?

Mail the completed form to:

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