



First Name		Last Name	
Home Address		City	Postal Code
Email Address		Telephone Number	
1. What is your job title?		2. My current position is: <input type="radio"/> Permanent full-time <input type="radio"/> Permanent part-time <input type="radio"/> Temporary full or part-time <input type="radio"/> Casual	
3. What union are you a member of? <input type="radio"/> B.C. General Employees' Union (BCGEU) <input type="radio"/> Canadian Union of Public Employees (CUPE) <input type="radio"/> Hospital Employees Union (HEU) <input type="radio"/> Health Sciences Association of BC (HSA) <input type="radio"/> Labourers' Union Local 1611 (LIUNA) <input type="radio"/> Christian Labour Association of Canada (CLAC) <input type="radio"/> United Steelworkers (USW) <input type="radio"/> United Food and Commercial Workers (UFCW) <input type="radio"/> BC Nurses Union (BCNU) <input type="radio"/> Not sure			
4. Who is your employer? Your employer must be covered by one of the community social services collective agreements: Community Living Services, General Services or Indigenous Services.			
5. Why are you applying for LAEF funding? <input type="radio"/> I have received a lay-off notice. <input type="radio"/> My hours of work have been reduced due to a re-organization or restructuring. <input type="radio"/> I would like to advance my career in community social services. <input type="radio"/> I want my credentials from another country assessed. <input type="radio"/> I want to apply for another job with my current employer. <input type="radio"/> Other		<input type="radio"/> I have been displaced (bumped) in a re-organization, restructuring or placement process. <input type="radio"/> I want to enhance my skills for my current job. <input type="radio"/> I want to improve my English language skills. <input type="radio"/> I am looking for a job with another employer in community social services.	
6. Please explain the reasons for the application if none of the above statements apply.			
7. What is the training, course or workshop you would like to take or are currently enrolled in?			
8. What is the name of the educational institution or provider?			
9. If the training you are applying for is provided by a BC public educational institution, please explain why you've chosen this education provider.			
10. What is the cost of the training? You will need to submit receipts for tuition, books, required supplies or equipment, and other fees or expenses. The Committee may also consider reasonable travel amounts.			
11. What is the start date? We can only approve costs related to training that begins on or after April 1, 2019.		12. What is the end or conclude date?	

By answering 'Yes' below, you confirm the following:

- I consent to the terms of this application; and
- I swear that all the information provided is correct; and
- I consent to the use of my name and/or photograph to be used in LAEF promotion and communication; and
- I will participate in an evaluation survey of the LAEF.

Do you agree to the above statements?

- Yes, I agree
- No, I do not agree