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

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 _____ *(include area code)* Cell Phone Number _____ *(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
- ☐ 2SLGBQTIA+
- ☐ 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
- ☐ Coastal Vancouver
- ☐ Island Fraser
- ☐ Interior
- ☐ Northern
- ☐ Provincial
- ☐ Providence
- ☐ Shared Services
- ☐ 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.

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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

FAX:
604-739-1510

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