

Kronier Family Education Fund – Funding Application: Please complete all sections

Is this a group application?	Y N	If this is a group application, please list attendees participating in this learning opportunity:
------------------------------	------------	---

Date of Request:		Education Opportunity:	
Applicant Name:		Education Location:	
Employee # & Role:			
Applicant Department/ Area of work:		Education Dates:	
Applicant Email:		Received Funds in the last 3 years?	Y N

Please Submit All Applications to RICHMONDEDUCATION@VCH.CA

*****Note: Education receipts must be submitted with application**

#1. How does your request align with Richmond’s strategies or VCH values?

#2. Please describe how your learnings are/will be shared with other staff

When:
Where:
Format:

#3. In point form, please describe how your request will benefit your practice/patient care.

-
-
-
-
-

#4. What do you expect to learn by attending this educational opportunity?

#5. Select One:

Is this education building your skills and knowledge? <input type="checkbox"/>	Is this education to improve quality of care? <input type="checkbox"/>
Is this education to improve team work? <input type="checkbox"/>	Is this education to develop leadership skills and abilities? <input type="checkbox"/>

Application Funding Breakdown

Total Request (max of \$1,500.00 CAD per person):	Registration (\$)	Accommodation (\$)
	Travel (\$)	Backfill days required
Manager Approval (Name, Signature, Date)	Amount: \$	Other sources of funding for this request: ➤ Operations ➤ Regional Resources ➤ Union
Director Approval (Name, Signature, Date)	Amount: \$	
Committee Approval (Date)	Amount: \$	