



# Health Development and Training Fund



Individual Application for Funding

**Incomplete applications will "NOT" be processed**

Send To: Cathy MacKinnon [cmackinnon@peiupse.ca](mailto:cmackinnon@peiupse.ca)

UPSE Health Development and Training Fund

4 Enman Crescent, Charlottetown PE C1E1E6

Phone: (902) 892-5335

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**\*\*Photocopy of workshop/seminar/course information including costs must be included with application.**

Workshop/training requested: \_\_\_\_\_

Location of workshop/training: \_\_\_\_\_

Date(s) of workshop/training: \_\_\_\_\_

Pre-registration deadline (If applicable): \_\_\_\_\_

1. Name:	Employee no.:
Home address:	
Town/city:	Postal Code:
E-mail:	Home Telephone no.:
Worksite:	Work Telephone no.:

2. Worksite Unit/Department: \_\_\_\_\_

3. Present position: \_\_\_\_\_  Permanent  Temporary  Probationary

4. Explain your reason(s) for requesting the workshop/training : \_\_\_\_\_  
\_\_\_\_\_

5. Have you received funding from the UPSE Development and Training Fund for:

this fiscal year (April 1 - March 31)  Yes  No Receipts submitted  Yes  No

previous year  Yes  No Receipts submitted  Yes  No

If yes, indicate workshop(s)/seminar/course, date(s) attended:

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

6. Is this application consistent with your Performance Development Plan goals? \_\_\_\_\_

7. Have you received and/or applied for financial assistance from any other source(s) for this specific workshop/training (including contributions from yourself, i.e., vacation, statutory holidays)?

Yes  No

If yes, indicate amount and source(s) of this financial support:

Amount: \_\_\_\_\_ Source(s): \_\_\_\_\_

