

CONFERENCES/CERTIFICATION/RECERTIFICATION FUND
STATEMENT OF POLICY

FUNDING IS NOT GUARANTEED

Approval for complete or partial funding is dependent on monies available and previous funding of the applicant in the fiscal year.

1. For each fiscal year of the Health Sciences Centre Manitoba Nurses' Union Local 10 Education Trust Fund (ETF), monies allocated in its budget will be available for MNU Local 10 members.
2. The funds will be made available to those individuals who have attended educational sessions (conference, seminar, workshop) related to professional and /or labour relations, or who have completed a certification/recertification process.
3. The maximum total funding any one individual is eligible to receive from the conference fund is limited to \$1,000.00 in any **two** fiscal years. The fiscal year is from January 1st to December 31st. Funding is currently at 50% of costs up to \$1,000.00 maximum in two years
4. Applications must be received complete in every respect no later than sixty (60) days after the educational session.
5. Applications are processed for payment three (3) times per year usually in the months June, September and December.
6. Registration and the most economical and practical mode of travel are eligible for funding; hotel, taxi, parking, meals, etc are not eligible.
7. Application forms are available by calling 775-6811, by sending a written request to ETF, MNU Local 10 c/o HSC Mailroom or by downloading from www.mnu10.ca.
8. Salary replacement or membership fees are not eligible for funding.
9. All submitted receipts must be the ORIGINALS (NO PHOTOCOPIES).
10. For airline e-tickets, receipts issued at the time of the flight or a copy of a credit card statement/personal cheque will be accepted as proof of purchase.
11. Taxes and charges on a reward mile flight shall be eligible for funding.
12. If required, by limited monies available to the Board, preference may be given to applicants who have not received monies from the ETF, either in that year or any other year.
13. Funding of conferences in-town or in-province will take precedence over funding of an out-of-town or out-of-province conference when the topic/session is deemed to be of similar nature.

ONCE YOU HAVE COMPLETED AND MAILED YOUR APPLICATION, PLEASE CALL ETF AT 775-6811 TO CONFIRM YOUR APPLICATION HAS BEEN RECEIVED. THE ETF IS NOT RESPONSIBLE FOR APPLICATIONS LOST IN THE MAIL.

**APPLICATION FOR FINANCIAL ASSISTANCE FOR
CONFERENCES/CERTIFICATION/RECERTIFICATION**

I REALIZE FUNDING IS NOT GUARANTEED AND THAT APPROVAL FOR PARTIAL FUNDING IS DEPENDENT ON MONIES ALLOTTED IN THE BUDGET AND PREVIOUS FUNDING OF THE APPLICANT IN THE FISCAL YEAR.

I HEREBY CERTIFY THAT THE INFORMATION BELOW IS CORRECT AND I WILL ABIDE BY THE ABOVE TERMS.

ALL EXPENSES MUST BE ACCOMPANIED BY THE FOLLOWING ORIGINAL DOCUMENTATION

- **REGISTRATION RECEIPTS MUST BE ACCOMPANIED BY THE CONFERENCE BROCHURE INDICATING FEE SCHEDULES, DATES, TOPICS, SPEAKERS, ETC.**
- **ORIGINAL AIRFARE RECEIPTS MUST BE SUBMITTED (TRAVEL HEALTH COVERAGE SHALL NOT BE FUNDED).**
- **ORIGINAL CERTIFICATION/RECERTIFICATION RECEIPTS**

DATE OF APPLICATION _____ **SIGNATURE** _____

EMPLOYEE NUMBER _____

I THE UNDERSIGNED, DO HEREBY APPLY TO THE HEALTH SCIENCES CENTRE MANITOBA NURSES' UNION LOCAL 10 ETF FOR FINANCIAL ASSISTANCE AND SUBMIT THE FOLLOWING INFORMATION:

PLEASE PRINT

1. NAME: _____

2. ADDRESS: _____

CITY/PROVINCE: _____ **POSTAL CODE** _____

HOME PHONE: _____ **WORK PH.** _____

3. WARD/UNIT: _____ **WORK PH.** _____

TITLE OF EDUCATIONAL SESSION: _____

HELD AT (CITY): _____ **DATE(S):** _____

ARE YOU APPLYING FOR FINANCIAL ASSISTANCE FROM ANOTHER SOURCE? YES _____ NO _____

IF YES, AMOUNT RECEIVED _____ SOURCE _____
AMOUNT RECEIVED _____ SOURCE _____

TITLE	EXPENSE US\$	EXPENSE CDN \$	FOR OFFICE USE
REGISTRATION			
TRAVEL			
CERTIFICATION/RECERTIFICATION			

TOTAL @50% =

RECEIPTS RETURNED	
CHEQUE NUMBER	
CHEQUE AMOUNT	
CHEQUE DATE	