



# Health *Casual Employees* Development and Training Fund



**A copy of workshop/seminar/course information and receipt for registration fees paid must be submitted with application or it will not be processed**

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

UPSE Casual Health Development and Training Fund

4 Enman Crescent, Charlottetown PE C1E1E6

Phone: (902) 892-5335

Fax: (902) 569-8186

Workshop/training requested: \_\_\_\_\_  
 Location of workshop/training: \_\_\_\_\_  
 Date(s) of workshop/training: \_\_\_\_\_

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

Unit/Department: \_\_\_\_\_ Date Of Hire: \_\_\_\_\_

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

Have you received funding from the UPSE Health Casual Development and Training Fund for:

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

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

**PLEASE NOTE:**

- 1) Maximum of up to \$500 of funding per individual per fiscal year
- 2) Applications must be completed in full and submitted with receipt and course information.
- 3) All applicants must meet eligibility requirements as outlined in the Casual Health Development and Training Fund Policy in order to qualify for funding.
- 4) Funding will be awarded on 'a first come first served basis' as long as funding is available.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please Note:  
 This application form is for casual employees only