



Health Development and Training Fund

Casual Employees



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: Melissa Bruce - mbruce@peiupse.ca

UPSE Casual Health Development & Training Fund
 4 Enman Crescent
 Charlottetown, PE C1E 1E6
 Ph: 902-892-5335 F: 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:
Email:	Home Telephone no.:
Worksite:	Work Telephone no.:

2. Worksite Unit/Department: _____ Date of Hire: _____

3. Explain your reason(s) for requesting the workshop/training : _____

4. Have you received funding from the UPSE Casual Development and Training Fund for:
 this fiscal year (April 1 - March 31) Yes No

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 & 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 is for Casual employees only!