

Interdisciplinary Palliative Care Education Funds

Education Funding Request

Interdisciplinary Palliative Care Education Funds are available to provide financial support for quality palliative care education that will improve and change practice at the bedside for front line health care providers and volunteers within the WWLHIN.

A subsidy for registration fees is available for any individual attending an education event that supports evidenced based best practice guidelines and the Model to Guide Hospice Palliative Care. Subsidy funding will be reimbursed to whoever paid the original registration costs, the individual or the employer.

Requests should be made prior to attendance and approval of subsidy funding is dependent on meeting general requirements and the availability of funds.

Please print

| | | | |
|--|---|-------------------------------------|-----------------------------------|
| Registrant Name: | | Application Date: | |
| Address: | | | |
| | | | |
| Telephone: | Fax: | E-mail: | |
| Employer: | | Position: | |
| Have you made arrangements for the time to attend? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <i>Note: Approved funds will be held in your name until completion of the education event, if your plans change and you will not be attending, please advise Hospice of Waterloo Region as soon as possible so that funds can be re-allocated to other requests.</i> | | | |
| Course title and description and length: (attach flyer if available) | | | |
| | | | |
| | | | |
| Dates of Course: | | | |
| In what ways do you see this course helping to improve your practice? | | | |
| | | | |
| | | | |
| Amount requested: | Course cost(s)/Registration Fee: | \$ | x = |
| | | | |
| Total: | | \$ | x = |
| <i>Maximum subsidy available is equal to the cost of the annual HPCO conference registration fee member rate</i> | | | |
| Who will be reimbursed: | | Registrant <input type="checkbox"/> | Employer <input type="checkbox"/> |

A signed copy of this form will be returned when approved.

For reimbursements please submit Final Claim Form with appropriate attachments, on course completion

| | | | |
|----------------------|--|--------------|--|
| Amt. Approved | | Date | |
| Signature | | Title | |
| Comments: | | | |
| | | | |

**Please mail, e-mail, or fax back to:
Hospice of Waterloo Region
298 Lawrence Avenue
Kitchener, ON N2M 1Y4**

FAX: 519-743-7021 e-mail: hospice@hospicewaterloo.ca