

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 provided to whomever paid the original registration costs (e.g., the individual or the employer).

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

Please print if not using fillable form

Registrant Name: Last: _____ First: _____		Application Date: _____	
Address: _____			
Telephone: _____		Fax: _____	E-mail: _____
Employer: _____		Position: _____	
Have you made arrangements for the time to attend? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<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>			
Education Event Title, Description and Length: (attach flyer if available): _____ _____			
Dates of Education Event: _____			
In what ways do you see this education event helping to improve your practice? _____ _____			
Amount		Education Event/Registration Costs: \$ x =	
Requested		Education Event/Registration Costs: \$ x =	
		Total: _____ =	
<i>Note: Maximum subsidy available is equal to the cost of the annual HPCO conference registration fee member rate</i>			
Who will be reimbursed? <input type="checkbox"/> Registrant <input type="checkbox"/> Employer			

A signed copy of this form will be returned when approved. For reimbursements, please submit Final Claim Form with appropriate attachments, upon education event completion

For Office Use Only	Amt. Approved: _____		Date: _____	
	Signature: _____		Title: _____	
	Comments: _____ _____			

Please mail, e-mail, or fax back to: **Hospice of Waterloo Region**, 100 Solstice Way, Waterloo, ON N2K 0G3
 Fax: 519-743-7021 Email: accounting@hospicewaterloo.ca