



<i>For Office Use only</i>	
Approval Date:	Fund:

EDUCATION & TRAINING APPLICATION
 for Funding from the Drumheller Area Health Foundation (DAHF)

APPLICANT INFORMATION

Individual Name:			
Title:	Unit:		
Email Address:			
Telephone Number:	Fax Number:		
Mailing Address:			
City/Town	Province:		
Postal Code:			

EDUCATION OR TRAINING INFORMATION

Title of Proposed Education/Training:			
Has DAHF funded this Education/Training for anyone in your Unit in the past?		Yes <input type="radio"/>	No <input type="radio"/>

(If yes, for whom, was the experience positive, what action was brought back that could improve service to our patients	
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Total amount of funding requested (Please enter details on page 2 of this application. This line automatically fills from that section.)	(Total cost of registration and materials):	(Total cost of travel, meals mileage and lodging):
	\$0.00	\$0.00
Total requested: \$		

Are there other sources for this Education/Training?	Yes <input type="radio"/> No <input type="radio"/>
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(If yes, please explain)	
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Will others be participating? (enter their names here - each must submit their own request for funding)	Additional Names:	Unit:

What benefit on both a personal and professional level does this proposed Education/Training help to move forward? (List all. Please be specific and use additional attachments)	
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TRAVEL, HOSPITALITY & WORKING SESSION CLAIM ESTIMATE

SECTION A: Registration, fees and materials

Expense & Travel Dates from: to

Details of Education/Worship session (registration, books and other fees related to the conference)	Amount of expense expected
TOTAL FEES	0.00

SECTION B: LODGING AND TRAVEL EXPENSES

Travel and Lodging Dates: dd-mmm-yy	Description (include destination, detailed explanation of lodging, meals, air/taxi/auto, fuel, parking etc.)	Amount of expense expected:	Mileage:
TOTAL EXPENSES:		\$0.00	
Total Kilometers:(MILEAGE-Business Kilometer Rate for Personally-owned Vehicle) Rate applicable is \$0.505/per km.			0.0
ESTIMATED Mileage Charge			\$0.00
TOTAL EXPECTED CLAIM		\$0.00	

SECTION F: AUTHORIZATION

I attest that I have read and understand the Education policy of the Drumheller Area Health Foundation and that the expenses to be claimed are in compliance with the principles and mandatory requirements of this policy. I attest the expenses expected in this claim are for valid business purposes and will not be claimed by me or in my behalf from any other organization. I attest that the final expenses submitted in this claim will have been incurred by using a cost effective method, otherwise rationale and supporting analysis will be provided and attached to the final claim.

By signing this form, I attest that I am compliant to all of the above statements:

Applicant Signature:	Title:	Date:
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I approve the Applicant's travel, hospitality and working session claim and attest that it is in accordance with the Education policy of the Drumheller Area Health Foundation. I attest that the employee's expenses to be claimed are in compliance with the principles and mandatory requirements of this policy. I attest the expenses expected in this claim are for valid business purposes and will not be claimed from any other organization.

Approved By _____ Position: _____ Telephone#: _____

I, by signing this form, attest that I am compliant to all the above statements.

Supervisor's Signature:	Title:	Date:
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Please send completed claim form with original receipts and other required backup to the Drumheller Area Health Foundation's office. Claim forms may be found on the Foundations website at www.drumhellerhealthfoundation.com