



Allied Health Staff Education Fund for Neurological Rehabilitation

APPLICATION

**Please read this form carefully before completing. Please TYPE in all applicable spaces.
Incomplete applications will be returned.**

The Allied Health Staff Education Fund was made possible by a generous contribution from an Anonymous Donor who requested that the funds be used to encourage and support VCH North Shore allied health staff with enhanced training and education.

1. CONTACT INFORMATION *(please print)*

Date: _____

Employee ID: _____

Name: _____

Job Title: _____

Dept.: _____

Site: _____

Phone (Home): _____

Phone (Work): _____

Phone (cell): _____

Email address: _____

Home Address: _____

For Manager's completion and signature:

Will the course/conference benefit the organization and is it recognized by VCH?

yes no

Comment: _____

Signature: _____

Print Manager's Name and Title: _____

2. EMPLOYMENT STATUS *(please check the box that is applicable to you)*

Full-time employee with at least 1 year of service at LGH

Number of years worked at LGH _____

Date you started at LGH _____

Neuro Program/Units that you have worked on at LGH _____

Part-time employee with at least 350 hours worked within the last year at LGH

Number of hours worked within the last year _____

Date you started at LGH _____

Total number of hours worked _____

Neuro Program/Units that you have worked on at LGH _____

3. PURPOSE AND DETAILS OF COURSE/PROGRAM - *Be specific and attach fee schedule.*

- Course
- Conference/seminar

Course/Conference/Seminar name	
Name of course(s) or conference	
How many hours/days required for this course/conference	
Start and end date of course(s)	

4. COURSE COST AND FUNDING INFORMATION

Total cost of registration for the course(s) or conference: \$ _____

Please note the following funding restrictions:

- Books, travel, accommodation, examination/certification/recertification fees, annual registration fees, Memberships, annual licensing fees and lost wages are NOT eligible for funding.
- Eligible applicants may apply for a maximum of **\$2,000 every two years** for professional development in the field of Neurological Rehabilitation for allied health professionals (PT, OT, RA, SW, SLP, RD).
- The minimum grant amount is \$50.
- Applicants must be working at Lions Gate Hospital.
- Applicants must have worked in the field of Neuro Rehab (inpatient or outpatient setting) or have demonstrated interests in working towards specializing in the field of Neuro Rehab.
- Funds will not be granted more than three months retroactively from date of course/conference completion.

Have you applied for (or received) any other education funding/sponsorship for this program / course / conference from your manager or from other available education.

Yes (Please explain below) No

How much funding have you applied for elsewhere? _____

5. BENEFITS OF COURSE PROGRAM

How will this course, conference improve your quality of practice in the field of Neurological Rehabilitation? How will this education benefit our patients?

How does this education benefit LGH Neuro Team?

Return your application to the LGH Foundation office, attention Delia Jamieson (delia.jamieson@vch.ca). The Education Fund Committee meets once every three months in March, June, September and December. Applications must be received in the Foundation office at least **two weeks** prior to the meeting.

Deadline for applications is: February 20, 2026.

I have read the criteria for the application and agree to meet those criteria and to repay the education funds I receive if I leave Vancouver Coastal Health within one year of receiving the funds.

Applicant's Signature

Date

Checklist:

If you have completed the course/conference, please provide:

- Proof of registration
- Proof of payment

If you have not already completed the course/conference, please provide:

- Course/conference information
- Course/conference costs