Application for Funding Courses for CUPE Employees

Application from: Indicate if application is for ☐ Individual or ☐ Group

Employee Name: _____   Work Location: _____

Phone Number (day): _____   Phone Number (night): _____

Email: _____

Rationale for Proposed Workshop/Course:

Briefly describe how this Workshop/Course supports CUPE employee professional development:

Proposed Workshop/Course Information: (Attach separate sheet of information where necessary)

Workshop/Course Title: _____

Workshop/Course Date(s): _____

Workshop/Course Location: _____

Requested/Funding Cost Breakdown Amount: _____

Instruction/Facilitator for Workshop/Course: _____

Credentials and other relevant information re: Instructor/Facilitator:

If Group Application:
Name/Work Locations of participants, committed to workshop to date:
(Min. 10 CUPE employee required to qualify for funding) (Attach separate list is necessary)

Return, at least one month prior to date of proposed activity to:
CUPE/BOARD JOINT PRO-D COMMITTEE, Attn. Human Resources, Joint Pro D Committee

Please Note: If approved, you will be required to submit both a receipt and proof of attendance

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Pro-D Committee Use only:

Pro-D Meeting: _____   Amount: _____   ☐ Approved   ☐ Need More Info   ☐ Rejected