



# LABOUR RELATIONS FUND APPLICATION

#42 - 1736 Quebec Avenue  
Saskatoon, SK S7K 1V9  
Phone: (306) 955-3399  
Toll-Free: 1-888-565-3399  
Fax: (306) 955-3396

The guidelines listed on the reverse of this form will be used as part of the process for the approval and acceptance of all applications; please read them carefully before filling out and submitting your application. Completed applications should be sent to the Saskatoon HSAS office.

**PLEASE PRINT**

## Section I - Member Information

Name Of Member: \_\_\_\_\_  
Last First Initial

Address: \_\_\_\_\_  
Street/Box No. City/Town Postal Code

Telephone: \_\_\_\_\_  
Home Work

Date Employment Commenced: \_\_\_\_\_ Health Care Facility: \_\_\_\_\_

Department/Section: \_\_\_\_\_ Profession: \_\_\_\_\_

Employment Status:  Permanent Full-Time  Temporary Full-Time  Permanent Part-Time  Temporary Part-Time  Job Share  Casual

## Section II - Course Information

Title Of Course: \_\_\_\_\_

Location Of Course: \_\_\_\_\_

Who Is Presenting This Course? \_\_\_\_\_

Date(s) Of Event: (From) \_\_\_\_\_ (To) \_\_\_\_\_  
(Day/Month/Year) (Day/Month/Year)

\_\_\_\_\_ \_\_\_\_\_  
Member's Signature Date

**Section III—Labour Relations Fund Use Only**

Date Became An HSAS Member: \_\_\_\_\_ Date Application Received: \_\_\_\_\_

Form And Attachments In Order:  Yes  No

This Program Constitutes A Course In Labour Relations:  Yes  No

Previous Funding:

Amount	Date Issued	Amount	Date Issued
_____	_____	_____	_____
_____	_____	_____	_____

Recommendation: \_\_\_\_\_  
\_\_\_\_\_

Funds Granted:  Yes  No

Amount Granted: \_\_\_\_\_ Cheque No: \_\_\_\_\_ Date Issued: \_\_\_\_\_

\_\_\_\_\_  
Committee Member Signature Date

**APPLICATION GUIDELINES**

**Who is eligible?**

- Only Members of HSAS are eligible to apply.
- Employees must be HSAS Members of at least twelve (12) months standing as of the day the course commences.

**What is the purpose?**

- The purpose of this Fund is to encourage HSAS members to increase their knowledge of Labour relations; therefore, the course being applied for must relate directly to this subject area.

**Application Procedure**

- Members are eligible to apply for this fund only after successful completion of the course.
- Eligible expenses for this fund include registration, tuition fees and books.
- Only courses with a registration fee of \$50.00 or more will be considered.
- HSAS Members will be eligible for one grant per fiscal year to a maximum of \$400.00.
- **The application must be submitted within one month of course completion.**

**Required Documentation**

- Application Forms: Only an original application form will be accepted.
- Receipts: Originals or copies may be submitted. These may be submitted by mail or in person.
- Verification: Evidence of successful completion.
- **NO FAX COPIES WILL BE ACCEPTED.**

**Administration**

- Funds will be awarded on a first come, first served basis. In order to be considered, application forms must be properly completed and have the following attachments: course outline, fee schedule, evidence of successful course completion, and receipts.

**Personal Information**

HSAS will only use and disclose the personal information collected in connection with this application for the purposes of evaluating and processing the application, validating the information provided and any other purpose as required by law. For other information about privacy policies of HSAS, please see our web site, [www.hsas.ca](http://www.hsas.ca) or contact our office.