



United Nurses of Alberta

Local 183

Education Form

Name _____
 Address _____ City _____
 Postal Code _____ UNA Number _____
 Unit/Site _____ FTE: FT _____ PT _____ Casual _____
 Telephone (Home) _____ (Work) _____
 Email (Personal) _____
 Previous Funding for this Calendar Year _____

Title of Course/Conference/Certification:

Describe how this event will impact your professional nursing practice:

Location _____ Date _____

Are you interested in doing a presentation for your peers to share the information you have learned? Yes _____ No _____

*****Applications must be complete and proof of attendance or receipt must be included with this application. Incomplete applications will be returned to applicant and will not be processed*****

Registration/Tuition \$ _____ Receipt/proof included _____
 Member's Signature _____ Date _____

<i>For Office Use Only</i>			
Approved _____	Rejected _____	Amount \$ _____	Date _____
Comments _____			
Fund Administrator _____		Co-sign _____	

Please refer to the Regulation Guidelines for the Disbursement of funds. Send completed applications, through inter-hospital mail to: "UNA Local 183, AHE, Building 9, Room 139".