



## *National Association of PeriAnesthesia Nurses of Canada*

### **NAPANc Educational Funding – Application Form**

**Purpose:** This form will be used for all requests for individual education funding to assist PeriAnesthesia nurses in obtaining continuing education. Funds requested will help to offset costs associated with this education that are not covered via other sources of financial aid secured by the member submitting this request. Educational opportunities must fall within the funding period to which they are applying.

**Eligibility:**

- All PeriAnesthesia nurses who are currently active members within their provincial PeriAnesthesia Association and NAPANc.
- The educational activity must be linked to the continuation of pertinent PeriAnesthesia Nursing Care

**Deadlines:** All applications must be received by 1600 hr on one of the dates listed below. When the date falls on a weekend or holiday, applications must be received no later than 0900 hr on the first business day following the deadline. Late or incomplete applications will not be accepted.

	Funding Period	Deadline to Apply
Period 1	April 1 to June 30	July 31
Period 2	July 1 to September 30	October 31
Period 3	October 1 to December 31	January 31
Period 4	January 1 to March 31	April 30

**Process:**

- Completed applications are submitted to the NAPANc Executive at [info@NAPANc.ca](mailto:info@NAPANc.ca)
- The executive will meet to review the applications, determine the appropriateness of the educational opportunity related to PeriAnesthesia nursing, and allot the amount of financial aid to each request.

- NAPANc has allotted \$1000 per quarter for funding requests. Monies not used within the current funding period will be carried over to the following one. The amounts available per funding period will be reassessed annually.
- A member may be allotted a maximum of \$1000 per fiscal year (April 1st to March 31st).
- The NAPANc Executive will inform the member of successful or unsuccessful applications for funding once determined.
- Funds will be distributed to the member requesting the funding upon successful completion of the educational activity and proof of attendance will be required to be submitted to the NAPANc Executive at [info@NAPANc.ca](mailto:info@NAPANc.ca)

Member Details	
Name	
Home Address	
Home Phone	Cell Phone
Email	
Provincial Association	
Place of Employment	
Area of Work	

Educational Opportunity	
Name of Educational Opportunity	
Date of Educational Opportunity	
Brief Description of the Educational Opportunity	

How will this educational opportunity enhance your PeriAnesthesia nursing career?
Describe your participation in perianesthesia activities (hospital, provincial, or national levels)

Funding Requested	
Registration Fee/Course Cost	CAN \$
Associated Materials (if required)	CAN \$
Amount of other secured funding	CAN \$

<b>Total Funding Requested</b> (minus secured funding)	<b>CAN \$</b>		
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<b>Previous Funding Requested/Secured</b>		
<b>Have funds for this educational opportunity been requested from other sources?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes, please specify WHERE, WHOM, and the AMOUNT.</b>		
Where:	Whom:	Amount:
<b>Have these funds been secured?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Have you received any funding for education endeavours from NAPANc within the last 5 years?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes, please specify the AMOUNT and YEAR in which you last received funding.</b>		
Amount:	Year:	

<b>For Completion by NAPANc Executive</b>	
<b>Is this educational opportunity relevant to the continuation of pertinent PeriAnesthesia Nursing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is NAPANc able to provide financial support to this member?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total funds to be allocated to member for this educational opportunity:</b>	<b>CAN \$</b>
<b>Has the member been made aware of a successful or unsuccessful application?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has the member provided proof of attendance or successful completion?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date Cheque mailed to member:</b>	

<b>NAPANc President or Executive Delegate:</b>	
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<b>Date (mm/dd/yyyy):</b>	
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