

STATEMENT OF EXPENSE

FORM # CHRF

(UNION)

(REF #)

Last Name:	First Name and Initial(s):	
Address:	City:	Postal Code:
Phone:	Email:	

CHRF CANNOT REIMBURSE COURSES THAT HAVE BEEN PAID BY STUDENT LOANS.

Course Date (YYMMDD)	Tuition Amount	Course Books Amount	Other Course Related Expense Amount	Description/Explanation
TOTALS		+	+	=

Freedom of information and protection of privacy - Declaration

I declare that: The information that I have provided in this application form is, to the best of my knowledge, correct and complete.

I agree that: I may be asked to repay some or all of the monies which have been funded to me by the Joint Community Health Retraining Fund (The Fund) if I fail to complete a course, or courses, without justification.

I recognize that: if I receive money from the Joint Community Health Retraining Fund, and I have received Employment Insurance (EI) as a result of a layoff, EI may attempt to recover the monies paid to me. Please contact your local EI Office for further details.

I understand that: The information I have provided will be used to determine my eligibility for funding from the Joint Community Health Retraining Fund.

I agree that: by signing below I give permission for the exchange of information between The Fund, my employer, educational institutions, and other funding sources for the sole purpose of verifying and/or investigating information in this application and related documents.

I agree that: I will participate in a follow-up survey to help the Joint Community Health Retraining Fund committee determine the success of the program.

I agree that: I will stay in the health sector for a minimum of 3 times the length of retraining or be responsible for repayment.

Signature of Applicant:

Date:

Print Name:

MUST BE SIGNED MANUALLY BY RECIPIENT AND SUBMITTED WITH RECEIPTS

OFFICE USE ONLY PAYMENT APPROVED BY FUND ADMINISTRATOR

Signature:

Name:

Date:

For more information on the Joint Community Health Retraining Fund, visit jointchrf.ca

Telephone: 604-291-9611 • Toll Free: 1-800-663-1674