

INFANT DEVELOPMENT/ SUPPORTED CHILD DEVELOPMENT CONSORTIUM

OFFICE OF THE PROVINCIAL ADVISOR:
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PROFESSIONAL DEVELOPMENT REQUEST FOR FUNDS

Date of Request: _____

Applicant Information:

Name: _____

Program/Job Title: _____

Address: _____

Agency: _____

ID _____ AID _____ SCD _____ ASCD _____

Phone: _____ E-mail: _____ Fax: _____

Course/Training Information:

Type of educational/training course that you want to attend:

Academic Credit Course _____ UBC Student number _____

Non-Academic Training _____

Local, Regional & Provincial In-Services and Workshops, and Conferences _____

Name and description of the educational/training course: For UBC courses put the term and session

How will you apply this educational/training experience to your practice?

Specific funding details:

Tuition/Registration: \$ _____

Books/Training Materials _____

Accommodation: _____

Personal vehicle: (41 cents per km): _____

Air Fare: _____

Ferry: _____

Meals _____

Taxi/car rental _____

Matched funds for level 2 & 3 training/course:

Total cost _____ **Claim 50%:** _____

TOTAL REQUEST \$ _____

Applicant's Signature: _____

Employer/ Program Supervisor Approving Request:

Program/Agency & Address: _____

Name: _____

Phone: _____ **E-mail:** _____ **Fax:** _____

Name & Address payment to be sent: _____

Date of Approval: _____

PLEASE NOTE: Request for Funds deadlines are March 30th & September 30th

Submit this request to Elizabeth Cox, Project Manager on or before the required submission deadline to either of the following. E-mail: eocox@shaw.ca or Fax: 250-656-1231

Date received _____ **Applicant #** _____

