



# United Nurses of Alberta Local 196

## El Fund Education Funding Application

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
City: \_\_\_\_\_

UNA #: \_\_\_\_\_  
UNA email: \_\_\_\_\_

### EMPLOYEE INFORMATION

Worksite: \_\_\_\_\_  
Unit: \_\_\_\_\_  
FTE: \_\_\_\_\_

Hire Date (Current Unit): \_\_\_\_\_  
☐ Regular ☐ Temporary

### EVENT INFORMATION

Event Title/Course Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Date(s): \_\_\_\_\_  
Registration Cost: \_\_\_\_\_  
Other Fees: \_\_\_\_\_  
Are you seeking financial support from other sources? ☐ Yes ☐ No  
If yes, name source and amount: \_\_\_\_\_  
Why have you chosen to pursue this education? How is it related to nursing?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DECLARATION

I have read and understand the application criteria, eligibility, process and have completed this application honestly.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Application Instructions

Login into DMS and submit El Education Funding claim(s) in the new portal is called "EITF Claims". This portal will require you to fill out a claim, like an expense claim, and attach a completed El Fund application and applicable documents to support the claim. Member must have up to date direct deposit information on DMS.