

Application for Education Resource Fund Grants

Please complete the form electronically and return by email; handwritten copies will not be accepted.

Surname: _____ First Name(s): _____

Facility/Organization: _____

Address: _____

City, Province, Postcode: _____

Phone: _____ Email: _____

Current Occupation: _____

1. How many years have you been employed in Infection Prevention and Control? _____ Years

2. Please detail your involvement with PICNet. (250 words or less)

Include working groups or committees you have participated in within the last 5 years.
What have you contributed to the group/committee or to PICNet's projects and initiatives?

3. What educational event/activity will you use this fund to attend?

Include the name, the provider or host, the location, and the dates of the event.

4. How will this event be relevant to your Infection Control Practice?

What impact will this educational opportunity have on your practice? Specify any learning objectives you would like to achieve.

5. EXPECTED EXPENSES

Registration or Tuition
Travel
Accommodation
TOTAL

Please email your completed form to picnet@phsa.ca prior to end of day January 31st 2012.