Infection Prevention and Control – British Columbia (IPAC-BC)

General Application for Education Funding

Deadline: **Feb 22, 2024 1400hr**

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| Name (in full) | Click here to enter text. | |
| Address: | Click here to enter text. | |
| Postal Code: | Click here to enter text. | |
| Phone # | Click here to enter text. | |
| Email: | Click here to enter text. | |
| Employment Title/Position: | | Click here to enter text. |
| Organization: | Click here to enter text. | |
| IPAC Canada Registration # | | Click here to enter text. |

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| Conference/Program Attending (title): Click here to enter text.  Date(s):  Location: Click here to enter text. | |
| Will attend interest groups and or preconference sessions if offered? | |
| YES | NO |
| If YES, please list: | Click here to enter text. |

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| Will you provide a brief post conference summary at a BC Chapter meeting? | |
| YES | NO |

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| Please provide a rationale for your application and intended use of the funds (200 words) |
| Attached with email . Points will be given for each of the following: 1) Professional Development and Accountability 2) Leadership 3) Expanding IPAC Knowledge in the Workplace 4) Commitment to Patient Safety and Building of Culture 5) Commitment to Lifelong Learning |

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| Projected Costs: | Tuition or Registration | $ Click here to enter text. |
|  | Travel | $ Click here to enter text. |
|  | Accommodation | $ Click here to enter text. |
|  | Total | $ Click here to enter text. |

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| Please itemize what, if other funding is available to you and attach documentation: |
| I am also checking if there is BCNU funding as I am taking vacation time to attend. |

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| Please indicate attendance at any conference/workshop with an infection control focus in the last 24- 48 months where you were awarded scholarship funds by IPAC BC |
| Click here to enter text. |

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| **Active Involvement in IPAC BC** |
| Committees (please name where appropriate) |

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| --- | --- | --- | --- | --- |
| IPAC BC: | | YES | | NO |
| IPAC Canada: | | YES | | NO |
| IPAC Canada Interest Groups: | | | Click here to enter text. | |
| Number of IPAC BC meetings attended in the past 12 months (in person or T-Con): | | | | |
| Click here to enter text. | | | | |
| Other: |  | | | |

Have you submitted a oral presentation or a poster for the event you are applying for?

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I am willing to report/present information from the session(s) I attend.

*I have reviewed and agree to comply with IPAC BC funding requirements.*

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| --- | --- | --- | --- |
| Date: | Click here to enter text. | Signature: | Click here to enter text. |

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| Please email application to IPACBC@ipac-canada.org by Feb 22, 2024 |

**POLICY:**

Upon successful application, monies will be awarded to eligible members for the purpose of attending the IPAC-Canada annual conference or other infection control related educational event.

The successful applicant will be selected on qualification and achievement criteria by the Education Sub-committee, chaired by the Treasurer. In the event that funds are limited, available monies will be divided equally among successful applicants.

**GUIDELINES:**

Funds Available:

* Available monies are dependent on the amount in the Educational Fund and other funds as designated by the membership.
* The membership shall be informed as to the amount of funding available.
* Total award (2024) to any one person shall not exceed $1500
* Reimbursement will occur after attendance at an educational event and when original receipts are provided. Reimbursable items include registration fee, travel, accommodation and food if not provided (breakfast $15, Lunch $20, dinner $30).
* The successful candidate cannot carry monies not used by December 31, 2024 forward.
* Preference will be given to applications for attendance at the IPAC-Canada conference. Consideration may be given for granting funding for other conferences based on applications received and funds available.
* Recipients having received other scholarships will only receive the balance of the remaining funds, receipts showing other claims must be submitted along with the IPAC BC claims.
* Members may only receive either IPAC BC scholarship or Moira Walker, in one calendar year.

Applicants:

* Applicants shall be members in good standing of IPAC-BC/IPAC-Canada and must have been a member of IPAC-BC for at least 12 months.
* Applicants are required to provide a rationale for their application and intended use of the funds. Funds may be used to cover registration/tuition, travel, accommodation and meals, up to the total of $1500
* Applicants shall not have been awarded monies from this fund or the Moira Walker award in the previous 24 months.
* Applicants shall submit correctly completed requests to the past president by   
  Feb. 22, 2024
* Awards will be made annually based on available funds.
* Preference shall be given to applicants who have had no means/opportunity to attend an educational event in the 24 months prior to the committee meeting.
* If an IPAC- BC member is unable to use monies granted, it is the responsibility of the member to notify the IPAC- BC Chapter in a timely manner so funds can then be made available to other applicants.