



CHICA HANDIC
Application for Educational Assistance

1) Personal Information

Name: _____

Hospital/Agency: _____

2) Education Program

Title: _____

Sponsor: _____

Location: _____

Date: _____ Duration of Program: _____

Learning objectives if program other than Infectious Disease related:

3) Expense details.

Item	Description	Quantity	Unit Cost	Total
Registration				
Transportation				
Accommodation		X __ days		
Meals		X __ days	\$40/day	
Other				
Subtotal				
Total				

4) Submit completed form to CHICA HANDIC treasurer by January 15 of current year.

**CHICA HANDIC
Members Financial Assistance Audit**

To be completed by the applicant.

Applicant: _____

Date: _____

CRITERIA Point Points value earned *Indicate highest point value in each section as appropriate

Membership:

1. Paid CHICA HANDIC Member for at least one year (5)
2. Recent paid, less than 1 year CHICA HANDIC member having held membership in another comparable Infection prevention and control Group (3)
3. Recent paid, less than one year CHICA HANDIC Member with no previous formal association with an Infection prevention and control group (1)

Attendance:

1. Regular attendance during the past year (5)
2. Less than 50% attendance during the past year. (3)

Participation:

1. Served on the executive or in chapter role (education facilitator, webmaster). (5)
2. Acted as chapter representative to ICO, CHICA-Canada standing committee or interest group. (4)

Financial Need:

1. Receiving no other assistance (5)
2. Receiving assistance from additional source(s). (3)

To be completed by the CHICA-HANDIC Executive.

Total points earned: _____

Assistance Granted: ___Yes ___No Amount: _____