Kindersley & District
Health & Wellness Foundation Inc.

Box 195
Kindersley, SK
S0L 1S0
Ph: 306-463-2901
Fax: 306-463-6372

NOKLEBY EDUCATION FUND CRITERIA

1. Applicant must be an employee of the Kindersley Integrated Health Care Facility.

2. Applicant must have completed the course or module, and provide copies of the original receipts.

3. Applicant must write a letter indicating why they are taking the course and how it will assist them in providing quality care for the residents/patients and/or clients in the community.

4. The application must be received by March 31st of the year.

KINDERSLEY & DISTRICT HEALTH & WELLNESS FOUNDATION
NOKLEBY EDUCATION FUND
APPLICATION

DATE----------

1. NAME IN FULL (PLEASE PRINT)

_____

surname given name

2. HOME ADDRESS_____

_____

_____

PHONE NUMBER_____

3. NAME AND DATE OF COURSE(S) TAKEN_____

_____

_____

4. DESCRIPTION OF COURSE AND HOW IT WILL ENHANCE THE QUALITY OF LIFE OF RESIDENTS AND PATIENTS OF THE KINDERSLEY INTEGRATED HEALTH CARE FACILITY AND CLIENTS IN THE COMMUNITY. (Attach letter)

5. COST OF COURSE_____
   TRAVEL _____
   LODGING _____
   MEALS _____
   TOTAL _____
   (Please attach receipts)

_____

SIGNATURE OF APPLICANT

CLOSING DATE FOR APPLICATIONS MARCH 31,____

SUBMIT TO
KINDERSLEY & DISTRICT HEALTH & WELLNESS FOUNDATION INC.
BOX 195
KINDERSLEY, SASK.
S0L 1S0

FOR MORE INFORMATION CALL VIV KALMER AT 306-463-2901