



*Kindersley & District
Health & Wellness Foundation Inc.*

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

**KINDERSLEY & DISTRICT HEALTH & WELLNESS FOUNDATION
CONTINUING EDUCATION AWARD**

1. Applicant must be an employee of the Kindersley & District Health Facility.
2. Applicant must have completed the course 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.

People Helping People Through Caring & Sharing



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EDUCATION AWARD APPLICATION

Date _____

1. NAME IN FULL (PLEASE PRINT)

2. HOME ADDRESS

PHONE NUMBER _____

3. NAME AND DATE OF COURSES 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 _____

Attach receipts

SIGNATURE OF APPLICANT

CLOSING DATE FOR APPLICATION MARCH 31ST

**SUBMIT TO
KINDERSLEY & DISTRICT HEALTH & WELLNESS FOUNDATION
BOX 195
KINDERSLEY, SK
S0L 1S0**

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