

Recognizing Learning: Recognizing Skills Subsidy Application Form

If you are interested in applying for a subsidy to support your travel costs, it is important to read the following information carefully. A decision on your application will be made on the basis of your responses to the questions here.

If necessary, continue on a separate sheet of paper, clearly indicating the question number.

All applications must be received by **September 8, 2006**. Successful applicants will be notified before September 18, enabling them to register before the Early Bird deadline.

Applications will be reviewed on a first-come, first-served basis. Please mail or fax this Application Form to:

Recognizing Learning Secretariat

Agenda Managers
5170 Duke Street,
Suite 200
Halifax, NS B3J 1N7

PHONE:
(902) 422-1886
or 1-877-731-1333

FAX:
(902) 422-2535

E-MAIL:
capla@agendamanagers.com

If you are granted a subsidy but cannot attend the conference, please notify the Recognizing Learning Secretariat as soon as possible so that other applicants may be assisted.

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FIRST NAME		LAST NAME:	
.....			
ORGANIZATION (IF ANY):			
.....			
ADDRESS		ADDRESS	
.....			
CITY	PROVINCE	POSTAL CODE	
.....	
PHONE	FAX		
.....			
E-MAIL			
.....			

1) Why do you wish to attend the Conference?

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2) What mechanisms are available to you to facilitate sharing of information and learning acquired at the Conference with others in your field, community or organization?

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3) What other avenues are available to you for financing your attendance at the Forum?

(Check all that apply) ☐ Employer

☐ Association/Organization

☐ School

☐ Other

(PLEASE SPECIFY)

4) Are you able to attend the Conference without a subsidy? ☐ Yes ☐ No

5) Which of these categories applies to you? (Check all that apply)

<input type="checkbox"/> Adult Learner	<input type="checkbox"/> Self Employed	<input type="checkbox"/> PLAR Practitioner
<input type="checkbox"/> Community Organization	<input type="checkbox"/> Government Employee/Representative	<input type="checkbox"/> Policy Maker
<input type="checkbox"/> Member/Representative	<input type="checkbox"/> Occupational Body Representative	<input type="checkbox"/> Union Rep.
<input type="checkbox"/> Educator/Trainer	<input type="checkbox"/> Other	
<input type="checkbox"/> Employer		

(PLEASE SPECIFY)

6) Are you currently employed? ☐ Yes ☐ No

7) Please make any additional comments in the space below or attach another page.

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