



Central South Ontario

IPAC-CSO Application for Educational Funding Assistance

Submit completed form to IPAC-CSO Treasurer by Mar. 31 of current year.

Personal Information Name: _____

1) Hospital/Agency: _____

2) Education Program Title: _____

Sponsor: _____ Location: _____

Date: _____ Duration of Program: _____

3) Learning objectives if program other than Infection Prevention or Infectious Disease related:

4) Expense details:

ITEM	DESCRIPTION	QUANTITY	UNIT COST	TOTAL
Registration				
Transportation				
Accommodation				
Meals				
Other				
Subtotal				
Total				

IPAC-CSO 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 IPAC-CSO Member for at least one year (5)
2. Recent paid, less than 1 year IPAC-CSO member having held membership in another comparable Infection prevention and control Group (3)
3. Recent paid, less than one year IPAC-CSO 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)
3. No attendance in the past year (0)

Participation:

1. Served on the executive or in chapter role (education facilitator, webmaster). (5)
2. Acted as chapter representative to ICO, IPAC 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 IPAC-CSO Executive.

Total points earned: _____ Assistance Granted: _____ No Amount: _____