

**NOVA SCOTIA SOCIETY OF OCCUPATIONAL THERAPISTS
EDUCATION AND RESEARCH FUND
(NSERF)
EDUCATION REQUEST APPLICATION FORM**

Date of application:	Name:
	Address:
	Phone #: (h) _____ (w) _____
	Email address:
COTNS Membership #: _____	CAOT Membership #: _____

Course Title/Type of request:
How is the course relevant to your occupational therapy practice?
Date of course/education request:
Deadline date for registration:
Location:

Are you planning to leave the province in the next 6 months? Yes <input type="checkbox"/> No <input type="checkbox"/>
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How have you contributed to occupational therapy in the province (e.g., NSSOT, Community development, OT Week Activities etc).

Are you eligible for other sources of funding? Yes <input type="checkbox"/> No <input type="checkbox"/>
Explain:
Are you seeking funding from other sources? Yes <input type="checkbox"/> No <input type="checkbox"/>
Explain:

Cost of Course:

Registration: _____

Transportation: _____

Accommodation: _____

Other: _____

Total Cost: _____

How much money are you requesting from NSERF?

Have you received any previous funding from NSERF for educational purposes? If so:

When: _____ How much: _____

Would you be willing to write a summary and review of the course for the Bulletin?

Yes No

Are you willing to contribute in future NSERF fundraising initiatives? Yes No

Please attach a course description or pamphlet and fax this completed application form to the NSSOT office (Fax # 902 -453-5899)

Please Note: You may be asked by NSERF to reimburse the part or all of the amount awarded if you leave the province within 6 months of completing the course.

IT IS CRITICAL THAT ALL SECTIONS ARE COMPLETED THOROUGHLY TO ENABLE OUR COMMITTEE TO PROCESS YOUR APPLICATION.