

CMAW BURSARY TRAINING/COURSE REIMBURSEMENT REQUEST APPLICATION

Name of School/Provider: _____ Date: _____

Member's Name: _____ Trade: _____
(Last) (First)

Address: _____
(Apt #) (Street Number & Name) (City) (Prov) (Postal Code)

Phone: _____
(Home) (Cell)

Email: _____ Date: _____

| Training Course | Level | Copy of Certificate Attached | Copy of Receipt Attached | Amount Applying For |
|--|---|-------------------------------|--------------------------|---------------------|
| <input type="checkbox"/> Apprentice Level | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | Course Date _____/_____/_____ | | \$ |
| <input type="checkbox"/> H2S Alive | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> First Aid Level | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> Aerial Platform | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> CSTS | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> Confined Space & Monitoring | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> Red Seal | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> Fall Protection | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> Welding Test | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| <input type="checkbox"/> Other | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| Total | | | | \$ |

REIMBURSEMENT POLICY ON BACK

Send to: CMAW Bargaining Council
 Email: council@cmaw.ca Fax: 604-437-1110
 305 - 2806 Kingsway, Vancouver, BC V5R 5T5

_____ Issue cheque to Local/Member

_____ Signature of Applicant

_____ CMAW Local Unit

_____ Business Representative's Signature

| | |
|----------------------------|------------------|
| FOR OFFICE USE ONLY | |
| APPROVED BY _____ | CHEQUE No. _____ |
| APPROVED DATE _____ | |

CMAW BURSARY TRAINING/COURSE REIMBURSEMENT REQUEST APPLICATION

REIMBURSEMENT POLICY:

1. Applicant must:
 - be a member in good standing for a period of one year; or
 - have not refused union work without a just reason.

2. Apprenticeship Tuition Reimbursement
 - For each Apprenticeship level the member will be reimbursed \$500.00.

3. First Aid
 - Level I, to a maximum of \$125.00 per course.
 - Level II and III, to a maximum of \$750.00 per course and only under certain circumstances which are as follows:
 - ✓ the member must be employed as a Safety Officer with a CMAW signatory employer; had contributions remitted on their behalf during the period that the course was taken; or
 - ✓ have a job secured with a signatory employer for a specific job site; or
 - ✓ a CMAW signatory contractor has sent a written request to the Local Unit to provide the training.

4. H2S Alive: reimbursement to a maximum of \$185.00

5. CSTS: reimbursement to a maximum of \$50.00

6. Welding Test: must be preapproved by CMAW

Send to: CMAW Bargaining Council
Email: council@cmaw.ca Fax: 604-437-1110
305 - 2806 Kingsway, Vancouver, BC V5R 5T5