Saskatchewan Physiotherapy Association

SPA Educational Bursary for Rural and Remote Physical Therapists

Introduction: SPA recognizes there are challenges to pursuing continuing education as a physical therapist working in rural and remote Saskatchewan. We know that over 30% of the Saskatchewan population is rural & remote, yet only 10% of physiotherapists live and work in these communities. One additional way for SPA to support this group of physical therapists across the province is through this educational bursary (up to $500). A lottery system will be used to select two (2) successful applicants two times per year. The winners will be notified via email. The deadline for the application is June 30th and October 31st each year. Completed applications can be sent to spaadmin@saskphysio.org. Please see the eligibility requirements (part 2) to see if this bursary applies to you!

PART 1 - MEMBER INFORMATION

Name: _____

Telephone: _____

Email: _____

Address (street/Box No., City/Town, Postal Code):_____

PART 2 – ELIGIBILITY REQUIREMENTS (applicants must meet all of the following criteria; please check off and provide further detail if required)

☐ Current SPA Membership

☐ Reside and practice in a community of less than 50,000 people and greater than 75 km from Saskatoon or Regina for at least 2 full years

Date of employment commenced: _____

Name and address of workplace: _____

☐ If your name is drawn, consent to SPA posting on SPA's media platforms (Facebook, Twitter and our website) about your success in our lottery system for this bursary.

☐ Attended or will be attending an educational event or completed further educational training either online or in person specific to your work as a physical therapist from January 1st to December 31st of the year of this application.

(Continued)

PART 3 – EDUCATIONAL EVENT INFORMATION

Name and description of event: _____

_____

Location of event: _____

Date(s) of event: From (DD/MM/YY) _____ To (DD/MM/YY) _____

PART 4 – FINANCIAL INFORMATION

What amount are you applying for? (Maximum of $500.00)_____

Please outline the costs you have incurred while attending this educational event.

Registration: _____ Accommodation: _____

Childcare: _____ Transportation: _____ Meals: _____

Other (specify):_____

I confirm that the above information is true and correct. I hereby authorize the Awards Committee to validate any of the aforementioned information if required.

_____ _____

Member's signature Date

Check-off to ensure you have:

- ☐ Completed all parts of the form
- ☐ Attached receipts for expenses (registration, accommodation, etc.)
- ☐ Attached an outline of the event you attended that explains its content

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PART 5 – SPA AWARDS COMMITTEE USE ONLY

Amount awarded for this event: _____

Comments: _____