



## 2025-2026 AQ COURSE FUNDING FORM

**Please read Professional Learning Policy prior to submitting this form  
(Sidebar menu – Committees – Professional Learning)**

Complete the following form in its entirety. Incomplete forms will **not** be accepted.

All funding requests should be sent to ETFO-YR OT, **after** successful course completion.

To avoid delays in reimbursement, include both “proof of attendance” **and** “receipt of payment” along with this form. **Do not** mail documentation separately.

<p><b>Mail documentation to:</b>  <b>or</b> use school courier to          Catherine Sohl ETFO-YR OT Office  <b>or</b> scan documents to: <a href="mailto:professional-learning@etfo-yr-ot.ca">professional-learning@etfo-yr-ot.ca</a></p>	<p><b>ETFO-YR Office ~ Attention Catherine Sohl</b>          30 Eric T Smith Way          Aurora, Ontario          L4G 0Z6</p>
--	--

**IMPORTANT: AQ Funding requests must be submitted to ETFO-YR OT no later than 8-weeks after successful course completion in order to be eligible for funding subsidy consideration.**

**ETFO-YR OT Local will charge \$20.00 to issue a Stop Payment for lost cheques.**

**Applicant Information:** Please Print.

<b>Name</b>	<small>First Name</small>	<small>Surname</small>
<b>Home Address</b> <small>(Location cheque will be mailed to)</small>		
<b>Telephone</b>		
<b>Non Board Email Address</b>		
<b>YRDSB Employee #</b>		

**AQ Course Information:** Please Print.

<b>Name of AQ Course</b>			
<b>Institution Offering AQ Course</b> <small>(Name of University or Board)</small>			
<b>Course Start Date</b>		<b>Course End Date</b>	
<b>Course Fee</b>			

Are you receiving funding from any other source for this AQ? NO \_\_\_\_\_ YES \_\_\_\_\_ Please Initial \_\_\_\_\_  
 If yes, from which Organization and how much are you receiving? \_\_\_\_\_

**Supporting Documentation:**

Please make sure that you have included **BOTH**. (Please check ✓)

- Proof of Successful Course Completion (i.e. final marks, letter of recommendation from instructor, letter from OCT)
- Receipt of Course Payment (i.e. receipt from institution, copy of cheque /credit card statement)

Signature of Occasional Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:** Rev 07/2025

\*\* PLEASE ALLOW 4-6 WEEKS FOR PROCESSING \*\*

<b>Approved:</b> YES NO	<b>Date Cheque Issued:</b>
-------------------------	----------------------------