

# Continuing Education Plan (CEP) Enrollment Form

## Member Information:

Name:	<i>First</i>	<i>Last</i>	Member Number: <i>(if known)</i>
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## Important Policy Notes

Please read the full CEP policy approved by National Church Council and available on the GSI website.

All members of CEP are expected to report continuing education hours to GSI, using the CEP Expense Reimbursement Form. Members are encouraged to submit continuing education hours even when no funds were used. Members are expected to engage in at least 90 hours of continuing education over each three-year period.

In the event of a member's death, the member portion in the account will be paid out to the member's estate. The employer portion will be transferred to the Advance-Study Funds.

## Authorization Member

I certify that all information contained hereon is correct. I authorize my employer (and any future ELCIC employer) to deduct from my earnings the contributions required for the program. I consent to the information provided here being collected, used and disclosed by ELCIC Group Services Inc. (GSI) for purposes of activities related to the efficient administration of my entitlements under the continuing education plan. I consent to GSI disclosing and/or obtaining information to and from the Program Committee for Leadership in Ministry (PCLM).

I understand that I have the right to access the personal information in my file, and if necessary, correct any inaccurate information.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_  
*dd-nnn-yyyy*

## Authorization Employer

I certify that will participate in the Continuing Education Plan as outlined in the CEP policy. We agree further to abide by the procedures for approving study leaves and to continue to pay our employee's salary and benefits during the short term leave and to arrange assistance during his/her absence.

Employer Name \_\_\_\_\_ Employer Code \_\_\_\_\_  
Employer's Signature \_\_\_\_\_ Date \_\_\_\_\_  
*dd-mmm-yyyy*  
Title of Signer \_\_\_\_\_

Please return form to the CEP Financial Administrator:  
ELCIC Group Services Inc.  
805-177 Lombard Ave. Winnipeg, MB R3B 0W5  
T: 204-984-9181 F: 204-984-9179 Toll Free: 1-877-ELCICGS (352-4247) E: info@elcicgsi.ca [www.elcicgsi.ca](http://www.elcicgsi.ca)

We recognize and respect every individual's right to privacy. Refer to the GSI website for our complete Privacy Policy.

Revised 05/2017