



## AGE-WELL CONNECT APPLICATION FORM

*Connecting older adults and caregivers to Canada's technology and aging community*

AGE-WELL is pleased to support the active participation of older adults and caregivers in Canada's vibrant technology and aging community. AGE-WELL CONNECT is designed to provide stakeholders with access to new and exciting learning opportunities, including conferences, workshops and lectures through partial funding (reimbursement) of registration, travel or other participation fees. AGE-WELL may support other types of activities provided they are relevant to AGE-WELL's mission, and most importantly, allow applicants to become involved in this new and exciting field.

Questions about CONNECT? Please contact [info@agewell-nce.ca](mailto:info@agewell-nce.ca)

### Applicant Information:

<b>First name(s):</b>	<b>Last Name</b>
<b>Email:</b>	<b>Telephone No.:</b>
<b>Address:</b>	

### Activity Information:

Activity type (e.g. workshop, conference, symposia, course etc.):

Name of event / activity:

Date of activity: (DD/MM/YYYY): \_\_\_\_\_

Location:



## STATEMENT

Please provide a brief statement (1/2 page maximum) that describes the activity to be undertaken, why you wish to participate in the activity, and how much funding is requested.

**N.B. If your application is approved, you will be required to provide receipts (e.g. event registration, proof of payment etc.) in order for AGE-WELL to process the request for reimbursement. We understand that applicants may wish to have a request approved prior to registering for an activity. Questions about reimbursement procedures can be directed to [info@agewell-nce.ca](mailto:info@agewell-nce.ca).**

### Required Signature

Applicant Signature: \_\_\_\_\_

Date (DD/MM/YYYY): \_\_\_\_\_

**Please return this form to:**  
AGE-WELL Network Management Office  
Toronto Rehab – UHN  
550 University Ave. Toronto ON M5G 2A2  
[info@agewell-nce.ca](mailto:info@agewell-nce.ca)