

APPENDIX “D”

Equity, Diversity and Inclusion Program

The Equity, Diversity and Inclusion (EDI) Learning Program is funded by a Contribution Agreement between the Yukon Medical Association (YMA) and the Government of Yukon. The purpose of this program is to promote EDI with regards to patient care and physician wellbeing. This includes opportunities for learning about Yukon First Nations, First Nations, Inuit and Métis peoples, LGBTQ2S+, gender inequality and anti-racism issues.

The Association will assemble an EDI working group with regards to how to best achieve the above stated goal. The Association will need to ensure that all potential stakeholders are involved.

Amounts received under the benefit programs are required to be included in the income of the recipient in the year in which they were received. (Original receipts should be retained). A copy of the T4A slip will be issued in February.

The following criteria will be used to make decisions on how applications will be processed and monies allocated:

1. Applications will be considered based on merit and identified EDI training needs.
2. Applications must be delivered to the EDI Working Group in advance of any training. To be eligible for any financial assistance under this program the EDI Working Group must approve the application and notify the applicant in writing of that decision.
3. Community wide EDI Initiatives undertaken by the Association will see the Government match Association funding of those initiatives up to \$10,000 per year.
4. Clinic-based EDI Initiatives will be funded to a maximum of \$500 per clinic staff member up to a maximum of \$5,000 per year per clinic.
5. Individual physician EDI initiatives will be funded to a maximum of \$500 per year.
6. Applicants must provide proof of course completion prior to payment for clinic-based and individual physician initiatives.

Completed applications must be submitted by mail or email to the following address. (We do not use fax)

Fund Manager c/o EDI Working Group, Yukon Medical Association
5 Hospital Road, Whitehorse, YT Y1A 3H7
funds@yukondoctors.ca

Terms and Conditions - Requirements and eligibility criteria are subject to change without notice. Always download the latest version from www.yukondoctors.ca

**APPENDIX “D”
EQUITY, DIVERSITY AND INCLUSION (EDI) LEARNING PROGRAM
APPLICATION FORM**

Physician Name: _____
Clinic Name (if applicable): _____
Name of EDI Initiative: _____

Applying for:
 Community wide Initiative
 Clinic Initiative, or
 Individual Physician Initiative

Start Date: _____
End Date: _____

Description and Objectives of Course or Initiative (*please list in text box below*):

Eligibility Declaration:

I, _____ (‘Physician/Clinic Name’), declare that I have met all of the eligibility criteria as outlined by the EDI Learning Program and have provided proof of course and/or initiative completion.

Signature: _____

Name: _____
Date: _____

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YUKON PHYSICIAN EDI APPLICATION FORM

I. PERSONAL INFORMATION

Full Name: _____ Pronouns: _____ if other: _____

Specialization: _____ Medical License Number: _____

Phone: (____) ____ - ____ Email: _____

II. CURRENT AFFILIATION

Hospital / Institution Name: _____

Department: _____ Position: _____

III. EDUCATION

EDI Education Courses IF Any: _____

IV. EQUITY, DIVERSITY, AND INCLUSION EXPERIENCES

Please use the appendix to describe any relevant experience with EDI (Max. 300 words):

V. INSPIRATION FOR PROJECT

Briefly describe a recent challenge that may have sparked your interest in applying for this grant (Max. 300 words).

VI. EDI INTERESTS

Please indicate the area(s) of Equity, Diversity, and Inclusion (EDI) that interest you the most (you may select more than one):

- 1) Indigenous Rights
- 2) Race and Ethnicity
- 3) Gender Equality
- 4) Sexual Orientation and Gender Identity
- 5) Disability Rights
- 6) Socioeconomic Status
- 7) Environmental Rights
- 8) Age
- 9) Other(s): _____

VII. PROJECT INFORMATION

Project Title: _____

Duration of Project (in months): _____

Total Funding Requested: \$ _____

Project Summary: Please provide a brief overview of your proposed project (Max. 500 words).

VII. DECLARATION

I declare that the information provided in this form is true and correct to the best of my knowledge. I understand that any misrepresentation may lead to disqualification from the funding process.

Signature: _____ Date: __ / __ / 20 __



Land Acknowledgment



We respectfully acknowledge and appreciate that we live within the traditional territories of the Ta'an Kwäch'än, Kwanlin Dün, and KasKa First Nations and feel honored to work within the traditional territories of all Indigenous Peoples in Yukon.