



**APPLICATION FORM
2007 B.C. UNION SCHOOL
“Public and Proud! Building Union
Resistance to Privatization”**

Deadline for receipt of application is: Sept 28, 2007

NAME: _____
(Surname) ***PLEASE PRINT*** (First Name)

ADDRESS: _____
(Street) (City)

POSTAL CODE: _____

TELEPHONE: (____) _____ (____) _____
(Work) (Home)

FAX #: (____) _____

E-MAIL ADDRESS: _____

PSAC MEMBERSHIP # _____

LOCAL: _____ COMPONENT: _____
(Where Applicable)

WORK LOCATION: _____
(Building Name, If Applicable)

(Address)

UNION ACTIVITIES:

How long have you been a PSAC member? _____

Describe your union activities _____

How did you hear about the Union School? _____

UNION EDUCATION:

Have you taken the Talking Union Basics (TUB) course? _____

Please list all PSAC courses previously taken: _____

COURSE SELECTION: (Please select one FIRST choice, and one SECOND choice)

- Health and Safety Level II
- Defending Our Communities – Resisting Globalization
- Our Community, Our Union, and Our Rights
- Duty to Accommodate

For all courses: briefly outline why you have registered for this particular course, and how you plan on utilizing this training in your union activities:

ACCESS: It is important that this section be completed in order that we may accommodate your special needs.

Do you have any special requirements? (e.g., special diet; wheelchair access; sign language; documents in alternate formats; etc.) Yes ___ No ___

Please specify _____

WAGES:

We encourage members applying for **Health & Safety** to request leave with pay, given the joint nature of union-management responsibilities in this area.

I will be applying for leave with pay:

Yes

No

If your leave is denied, please apply for leave without pay for union business and we will cover your lost wages.

ACCOMMODATION:

This applies for those traveling from out of staying in residence at the hotel.

Do you require: Smoking Room

Non-smoking Room

ACKNOWLEDGEMENT:

APPLICANT: With this application I agree that, if selected, I will attend and participate in all sessions of the Union School. I have read the Alliance policy documents on human rights and harassment provided by my local and understand my responsibilities in accordance with them.

(Signature of Applicant)

(Date of Application)

If you have any questions about the Union School, please call the PSAC Vancouver Regional Office 604-430-5631 or 1-800-663-1655.

We are particularly interested in hearing from members who are not applying because of barriers to attendance (e.g., scheduling conflict; cannot obtain leave from employer; school topics not relevant to learning needs; etc.).

Please advise us of any such barriers so that we can address these concerns when planning future Union Schools.

SELF IDENTIFICATION (OPTIONAL)

The Alliance is committed to ensure that PSAC education programs are accessible to all members. The information requested in this section will help us assess our success in reaching members who belong to groups identified in the PSAC Human Rights Policy.

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

ABORIGINAL Are you a First Nations, Métis, or Inuit Person? Yes ___ No ___

RACIALLY VISIBLE Are you, by virtue of your race or colour, in a racially visible minority in Canada? Yes ___ No ___

If yes, and you wish to identify with a specific racially visible group, please indicate.

DISABILITIES Do you have any persistent or permanent physical, mental, psychiatric, learning or sensory impairments, as recognized under the Canadian Human Rights Act? Yes ___ No ___

SEXUAL ORIENTATION Are you gay, lesbian, bisexual or transgender? Yes ___ No ___

GENDER Woman ___ Man ___

YOUTH Are you under the age of 30? Yes ___ No ___

If yes, what is your date of birth? _____

This form can be made available in various formats, including Braille, English, French, and on disk in English and French. Contact your PSAC Regional Office for more information.