



# Duty To Accommodate

## June 12-15, 2008

### Application Form

Deadline for receipt of application: May 12  
Prerequisites: TUB

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#### 1. Personal Info (please print):

Name: \_\_\_\_\_

PSAC Membership #: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

What Collective Agreement Do You Fall Under: \_\_\_\_\_

Local: \_\_\_\_\_

Component: \_\_\_\_\_

Work Location: \_\_\_\_\_

\_\_\_\_\_

(Building name, if applicable and address)

\_\_\_\_\_

#### 2. Union Activities

How long have you been a PSAC member? \_\_\_\_\_

Describe your Union activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list all PSAC courses you have previously taken: \_\_\_\_\_

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### 3. Access

**Do you have any special requirements?** (e.g., special diet; wheelchair access; sign language; documents in alternate formats, etc)

**If yes, please specify:** \_\_\_\_\_

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The PSAC no-smoking policy will apply in all areas of the meeting/common rooms. Please refrain from using perfume or other scented products during the course. Many members have severe allergies and chemical sensitivities to these kinds of products. Your cooperation will be much appreciated.

### 4. Accommodation

**Accommodation is provided for all course participants for advanced courses. Which type of room would you prefer:**

Smoking \_\_\_\_

Non-Smoking \_\_\_\_

**5. Please answer the following as fully as possible.** Use the back of the page if necessary.

Please share what you hope to gain from this training, and how you plan to use it in your Union work:

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**6. Self Identification** (optional, **all information will be kept confidential**)

The PSAC is committed to ensure that 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.

Aboriginal                      Are you a First Nations, Métis, or Inuit person?                      Y\_\_ N\_\_

Racially Visible                Are you, by virtue of your race or colour, a racially visible member?                      Y\_\_ N\_\_

If yes, and you wish to identify with a specific group, please indicate: \_\_\_\_\_

Disabilities                      Do you have any persistent or permanent physical, mental, psychiatric, learning, or sensory impairment, as recognized under the Canadian Human Rights Act?                      Y\_\_ N\_\_

Sexual Orientation              Are you gay, lesbian, bisexual, or transgender?                      Y\_\_ N\_\_

Youth                              Are you currently under the age of 30? If so, what is your year of birth: \_\_\_\_\_

**7. Signatures**

With this application I agree that, if selected, I will attend and participate in all sessions of the applicable course(s). I have read the PSAC policy documents on Human Rights and Harassment provided by my Local, and understand my responsibilities in accordance with them.

\_\_\_\_\_

(signature of Applicant)

\_\_\_\_\_

(date)

Your Local President, Regional Women’s Committee Chair, or President of the Area Council must recommend your application.

\_\_\_\_\_

(signature)

\_\_\_\_\_

(date)

**Completed applications should be received no later than May 12.**

PSAC Vancouver RO  
200 – 5238 Joyce St.  
Vancouver BC V5R 6C9

fax: 604 430 0451

This form can be made available in various formats, including Braille, English, French, and on disc in English and French. Contact the Regional Office for more details.