



APPLICATION FORM

**2009 B.C. Health and Safety Conference
February 28th to March 1st
Hilton Metrotown in Burnaby**

Deadline for receipt of application is: January 15, 2009

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

ADDRESS: _____
(Street)

(City)

POSTAL CODE: _____

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

E-MAIL - Work: _____

E-MAIL – Home: _____

LOCAL: _____ COMPONENT: _____
(Where Applicable)

How long have you been a PSAC member? _____ Years

**** FAX YOUR COMPLETED APPLICATION AND ATTACHMENTS TO 1-604-430-0451**
or by Mail
#200 - 5238 Joyce Street
Vancouver, BC V5R 6C9**

*****Please complete the following questions and attach to your application form*****

UNION ACTIVITIES:

Have you attended past Union Health and Safety Conferences?

National H&S Conferences: Yes No

Regional H&S Conference: Yes No

If Yes, which ones? _____

How did you hear about this Health and Safety Conference? _____

Describe any other involvement in union activities: _____

TRAINING:

Have you had any PSAC Health and Safety training in the past? Yes No

Are you a member of your Workplace H&S Committee? Yes No

Are you a Co-Chair of your Workplace H&S Committee? Yes No

Are you a member of the BRUSH? Yes No

Have you taken any H&S Training from sources other than the PSAC?

Yes No

If Yes, please list: _____

HEALTH AND SAFETY ISSUES:

Do you have or are you aware of any Health and Safety issues in your Workplace?

Yes No

If Yes, please list: _____

What has motivated you to become involved in Health and Safety?

Briefly explain why you would like to attend the PSAC BC Regional H&S Conference and what you would like to gain from it.

How can you become more involved in representing your local on Health and Safety related issues?

If you require a travel advance for expenses (including loss of salary) associated with this conference, please indicate.

Yes No

FINANCIAL COSTS:

Registration Fee is \$50.00

Registration Fee must be paid prior to the start of the Conference. Please make cheque payable to the PUBLIC SERVICE ALLIANCE OF CANADA.

Mail payment to:

**PSAC BC
#200 - 5238 Joyce St
Vancouver BC
V5R 6C9**

TRAVEL:

Do you reside:

More than 100 Km from the Conference Location.

More than 60 Km and less than 100 Km from the Conference Location.

Less than 60 Km from the Conference Location.

FAMILY CARE:

Will you be claiming reimbursement for Family Care?

Yes No

If yes, please identify:

Number of Children: _____ Ages: _____

ACCOMMODATION:

This applies for those traveling from out-of-town or 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 Health and Safety Conference. I have read the Alliance documents on human rights, harassment and scent free policies 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 Health and Safety Conference, please call the PSAC Victoria Regional Office 250-953-1050 or toll free at 1-866-953-1050.

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; etc.).

ACCESS:

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

Yes No

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

If Yes, please specify: _____

**Please ensure your completed application form
is received in the Vancouver Regional Office
no later than January 15, 2009.**

***** FAX YOUR COMPLETED APPLICATION TO 1-604-430-0451*****

or by Mail to

BC PSAC H&S Conference

#200 - 5238 Joyce St

Vancouver, BC V5R 6C9

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.