

# UNION DEVELOPMENT PROGRAM APPLICATION FORM

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**Please note: With the exception of the self-id form which is optional, all parts of the application form must be completed to be considered for selection.**

**COMPLETED APPLICATION FORMS – INCLUDING THE 500 WORD ESSAY –AND EMAIL RECOMMENDATIONS MUST BE RECEIVED NO LATER THEN SEPTEMBER 25<sup>TH</sup>, 2009.**

If you do not get a reply or message from us within a few days of your sending this course application (which indicates that it has been received), please call the office or send us a note asking that we confirm that it has been received. Thank you.

<b>PERSONAL INFORMATION (please print)</b>	
<b>Name:</b>	
<b>Home address and postal code:</b>	
<b>Home ph #:</b>	<b>Work ph #:</b>
<b>E-mail address (H):</b>	
<b>E-mail address (W):</b>	
<b>Local and Component/DCL:</b>	
<b>PSAC ID # (must be provided):</b>	

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**Collective Agreement you fall under:**

**Employer:**

**Position:**

**Location:**

**UNION AND COMMUNITY ACTIVITIES**

**How long have you been a PSAC member?**

**Please outline why you think it is important for you to take the UDP at this time:**

**Please outline, in detail, your experience as a union/social justice activist:**

**List actions/events you have participated in organizing:**

**Please identify your long-range plans as a union/social justice activist:**

**What actions do you hope will flow from taking the UDP?**

**How will you share your learning with other union members?**

**PSAC EDUCATION**

**Course Name:**

**Date completed:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Course Name:**

**Date completed:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Course Name:**

**Date completed:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Course Name:**

**Date completed:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Course Name:**

**Date completed:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Course Name:**

**Date completed:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**OTHER UNION OR COMMUNITY/SOCIAL JUSTICE EDUCATION**

**Please describe, if applicable:**

## ESSAY QUESTION

**Please note:** Essays will be used to screen potential candidates for the UDP. **Applications submitted without this written exercise will be deemed incomplete and will not be considered.** If you require assistance completing the essay question or attaching your essay document to this application, please contact the PSAC Vancouver Regional Office.

**PLEASE DRAFT A 500 WORD RESPONSE TO THE FOLLOWING:**

*Outline your thoughts on union leadership, within the context of union and social justice activism. Comment on what you think leadership is, how it should be exercised, and by whom.*

## GUEST ROOM NEEDS

Each course participant will be provided with a guest room where the course is being held. The costs for room, taxes and parking will be direct-billed to the PSAC. Please indicate your preference for:

Non-smoking room: \_\_\_\_\_ Smoking room: \_\_\_\_\_

## SPECIAL NEEDS: ACCESS AND DIET REQUIREMENTS

The PSAC is committed to ensuring that the accessibility and dietary requirements of our members are respected. Please indicate your needs below and provide any necessary explanation that will assist us in meeting them. i.e. special diet (please specify); use of a wheelchair; use crutches or a walker; blind or visually impaired; deaf or hearing impaired; need assistance leaving room in an emergency; allergies.

Please specify:

## LEARNING ENVIRONMENT

**SMOKE-FREE:** All PSAC courses are smoke-free events. In compliance with PSAC policy there will be no smoking in any classrooms or common

rooms used by course participants.

**SCENT-FREE:** To assist members with environmental sensitivities, all PSAC courses are scent-free events. A copy of the scent-free policy will be included in the information sent to participants in the Union Development Program.

**HARASSMENT-FREE:** To ensure a supportive and effective learning environment, the PSAC's Anti-Harassment Policy 23B will be in effect for the duration of the UDP. Copies of the policy will be provided to UDP participants on the first day of the course. Copies of PSAC Policy 23B are also available from the PSAC Vancouver Regional Office.

## EXPENSES

The union covers family care expenses for PSAC courses, union schools and other education events. For more information, please visit our website (<http://www.psacbc.com/education/expense-entitlements/#family>)

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## RECOMMENDATIONS AND ACKNOWLEDGEMENTS

With this application I agree that, if selected, I will attend and participate in all sessions of the course.

I have read the PSAC policy document on [harassment](#) and the PSAC [scant-free policy](#) and understand my responsibilities in accordance with them.

### RECOMMENDATIONS:

In order to process your application, a recommendation is required for this course from your Local President, Chair of the Regional Women's Committee, Regional Human Rights Committee, the President of the Area Council, or the respective designate of one of the above.

Please ask the respective individual to send an email to the regional office **by the application deadline of September 25<sup>th</sup>**. Emails should be sent to [alcuith@psac.com](mailto:alcuith@psac.com) and should include the person's name, union position and a clear indication that they are recommending you for the Union Development Program.

## OPTIONAL SELF IDENTIFICATION

The PSAC is committed to ensuring 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.**

**Preferred Language:** English \_\_\_\_\_ French \_\_\_\_\_

**I am an Aboriginal person (Métis/First Nations/Inuit \_\_\_\_\_**  
specify:

**I am a racialized person:** Are you, by virtue of your race or colour, in a racially visible minority in Canada? \_\_\_\_\_

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

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indicate:

**I am a person with a disability:** Do you have any persistent or permanent physical, mental, psychiatric, learning or sensory impairments, as recognized under the Canadian Human Rights Act? \_\_\_\_\_

**I am a gay/lesbian/bisexual/trans person** \_\_\_\_\_

**I am a woman** \_\_\_\_\_

**I am a youth** Are you under the age of 30? \_\_\_\_\_ If yes, what is your date of birth? \_\_\_\_\_

This document can be made available in various electronic formats (i.e. rich text format), on disk, and in Braille. Please contact your PSAC Regional Office for more information.