



PSAC NCR ADVANCED COURSE APPLICATION FORM

Please complete and sign this application form and return it to your PSAC Regional Office.

Ottawa Regional Office
15 Holland Avenue
Ottawa, ON K1Y 4T2

Fax : 613-234-6209

Educ-Ott@psac-afpc.com

Gatineau Regional Office
200 Prom. Du Portage
2nd floor, Suite 310
Gatineau, QC J8X 4B7

Fax : 819-777-9407

Educ-Gat@psac-afpc.com

COURSE INFORMATION

Please indicate the course you wish to take:

Language preference:

English

French

PERSONAL INFORMATION

Name:

Home Address:

Home phone number:

Work phone number:

E-mail Address:

Fax number:

Local and Component/DCL:

PSAC ID # (must be provided):

UNION AND COMMUNITY ACTIVITIES

How long have you been a PSAC member?

Are you a Union officer?

If yes, which Union position do you currently hold?

Please describe your Union experience:

Please describe your experience with community or social justice groups:

UNION EDUCATION

Have you completed the TUB (Talking Union Basics) course?

If yes, where and when did you take the course?

Have you completed any other Union courses?

If yes, please list the course name(s), date(s) and location(s):

YOUR GOALS

Please describe why you have registered for this course:

How do you plan to utilize this training in your union activities?

EMPLOYMENT

Who is your current Employer?

Where do you work (geographic location)?

What is your occupation/classification?

ACCOMODATION OF NEEDS

If you are a member with a disability and require accomodation in order to participate, please indicate if any of the following apply to you and provide us with your needs:

- Coordination or dexterity
- Mobility
- Blind or visual impairment
- Deaf or hearing impairment
- Dietary
- Other (please specify ex: allergies, etc):

SIGNATURES

APPLICANT: With this application, I agree to attend and participate in all sessions and to complete all assignments. I have read the PSAC policy document on harassment provided by my Local, and understand my responsibilities in accordance with this policy.

Signature of applicant

Date of application

RECOMMENDATION: I recommend that the applicant be accepted as a participant in this course as it meets a training need of the Union. Specifically, the training will be used to benefit the membership by:

Please indicate whether you are the Local President, Chair of a Regional Committee or a member of the Executive Committee of the NCR Regional Council.

**Signature of President or
Committee Chairperson**

Title

COURSE ENVIRONMENT

SMOKE-FREE: All PSAC events, including this course, are smoke-free.

SCENT-FREE: To assist members with environmental sensitivities, all courses will be scent-free events.

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 select participants for this course, and will help determine if we are reaching members who belong to groups identified in the PSAC Human Rights policy. **All information will be kept confidential.**

Are you a member of one of the following equality-seeking groups?

- RACIALIZED
- ABORIGINAL
- WOMAN
- GAY, LESBIAN, BI-SEXUAL or TRANSGENDERED
- PERSON WITH A DISABILITY
- YOUTH (under 30)

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

Ottawa Regional Office
Phone : 613-560-2560
Email : educ-ott@psac-afpc.com

Gatineau Regional Office
Phone : 819-777-4647
Email : educ-gat@psac-afpc.com