



Atlantic

Application Form

Unions Work for Women: A PSAC course for active women members

Members from Nova Scotia and PEI – May 3-5, 2019

Members from New Brunswick – May 24-26, 2019

Members from Newfoundland and Labrador – June 14-16, 2019

NAME _____
(Surname) (First Name)

ADDRESS _____

(Postal Code)

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

(_____) _____ **E-MAIL** _____
(Cell)

PSAC ID# _____ **COMPONENT/ LOCAL** _____

UNION ACTIVITIES

How long have you been a PSAC member? _____

Are you a Local Shop Steward? Yes No

What union office(s) do you hold? _____

What other union or community experience do you have?

APPLICANT'S COMMENTS

Please briefly describe your interest in attending this training and how you will make use of it.

The deadline for applications is Friday, March 15, 2019. Please send this application to halifax-registration@psac-afpc.com or by fax (902) 443-8291.

ACCOMMODATION OF A DISABILITY

The PSAC strives to ensure that PSAC events are barrier-free for participants with disabilities.

I am a member with a disability and require accommodation.

What are the functional limitations arising from your disability? (You are not obliged to disclose your diagnosis, only your functional limitations.)

Please specify the accommodation measures you require.

You may be required to provide relevant medical documentation that will assist us to respond to your request. This information will not be disclosed except where necessary to respond to your request for accommodation.

DIETARY REQUIREMENTS OR ALLERGIES

I have dietary requirements or allergies.

Please specify:

SELF IDENTIFICATION (OPTIONAL)

The PSAC is committed to ensuring that our programs are accessible to all members. The information requested in this section will help us ensure we have an equitable representation of members from the equity seeking groups identified by the PSAC Human Rights Policy, as well as young workers. This information is confidential. Please select the groups you belong to.

Indigenous

Racially visible

Person with a disability

LGBTQ2+

Woman

Young worker (35 years and under)

PSAC EQUITY CONTACT LISTS

May we add your name to one or more of our respective PSAC Equity contact lists? If yes, this information may be shared with different structures of the PSAC in support of our human rights work.

Yes No

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