



APPLICATION FORM

2009 ATLANTIC SCHOOL

***“Education, an investment in union infrastructure –
Seize the Opportunity!”***

May 21 – 24

List top two choices in order of priority.

- 1. **Political Action** (English) _____
- 2. **Political Action** (French) _____
- 3. **Health and Safety** (English) _____
- 4. **Local Officers’ Advanced Training** (English) _____
- 5. **Globalization** (English) _____

NAME _____
(Surname) PLEASE PRINT (First Name)

ADDRESS _____

(Postal Code)

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

FAX (____) _____ **E-MAIL** _____

COMPONENT _____ **LOCAL NUMBER** _____
(If applicable)

With this application, I authorize use of the above information for the Participants’ List, to be distributed to participants at the Atlantic School. (Please indicate any special requests in this regard.)

UNION ACTIVITIES

PSAC ID (Membership Number) _____

How long have you been a PSAC member? _____

Number of members in your local: _____

Union office(s) presently held: _____

Other union/community experience: _____

EDUCATION

Building Union Solidarity / Talking Union Basics Course

Location: _____ Year: _____

Sponsored by: PSAC _____ Component _____

PSAC ADVANCED COURSES (including ATLANTIC SCHOOLS)

EMPLOYMENT

Employer: _____

Work location: _____

Occupation/Classification: _____

ACCESS

Do you have any special requirements? Yes ___ No ___ (Please specify)

The campus is fully accessible. Various buildings are within short walking distance.

To improve access to training for members with family care responsibilities, the PSAC has a family care allowance policy. Please contact your Regional Office for more information or view our website.

FAMILY CARE

Please indicate if you will require Family Care Allowance _____.

SMOKE FREE - the entire campus is strictly non-smoking, inside all campus buildings, including residence. There is a fine for smoking in non-designated areas. The PSAC will not pay these fines. They are the responsibility of the individual school participant who violates smoking rules.

SCENT FREE - to assist members with environmental sensitivities we must insist on a "scent-free" environment. Please see our attached Scent Free Policy.

WAGES:

Will you be applying for paid training time/leave with pay from the employer?

Yes _____ No _____

YOUTH SEATS

Please indicate if you are applying for a youth seat _____
(under 30 years of age)

SIGNATURES

Applicant: With this application, I agree to attend and participate in all sessions, including scheduled evening sessions, and to complete all assignments. I have read the Alliance policy documents on harassment provided by my local and understand my responsibilities in accordance with them.

Signature of applicant

Date of application

Recommendation: I recommend the above member attend the 2009 Atlantic School as it meets a training need of the union. Specifically, the training will be used to the benefit of the membership by:

Please indicate whether you are the Local President, Chair of the Regional Women's Committee or Regional Equity Committee, the President of the Area Council (or the respective designate).

Signature

Title

APPLICANT'S COMMENTS:

BRIEFLY OUTLINE HOW YOU PLAN TO UTILIZE THE TRAINING:

(A separate page for each course you wish to be considered for)

**PLEASE COMMENT ON WHAT WOULD ASSIST US IN MEETING
YOUR LEARNING NEEDS?**

**PLEASE RETURN THE COMPLETED APPLICATION TO THE PSAC
REGIONAL OFFICE BEFORE February 27, 2009.**

SELF IDENTIFICATION (OPTIONAL)

The Alliance is committed to ensuring that PSAC programs are accessible to all members. The information requested in this section will help us assess our success in reaching youth, as well as members who belong to groups identified in the PSAC Human Rights Policy. All information will be kept confidential.

Are you Aboriginal, Métis or Inuk? Yes ___ No ___

Are you racially visible? Yes ___ No ___

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

Are you a person with a disability? Yes ___ No ___

How does your disability limit your functional ability?
Please specify:

Are you requesting an accommodation? If so, please be specific.

Are you gay, lesbian, bisexual or transgender? Yes ___ No ___

Are you a youth applicant (under 30)? Yes ___ No ___

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.