

Advanced Steward Training Renaissance Hotel, Vancouver November 19-22, 2011 Application Form

Deadline for receipt of application: **October 31, 2011** [Applications will not be accepted past the deadline] Prerequisites: TUB and Steward Experience

1. Personal Info (please print):

Name:	PSAC Membership #:
Address:	
	Home Phone:
	Fax:
E-Mail:	
Local:	Component:
Work Location:	
	(Building name, if applicable and address)

2. Union Activities

How long have you been a PSAC member?

Describe your Union activities:

Please list all PSAC courses you have previously taken:

3. Please answer the following as fully as possible. Use the back of the page if necessary.

Please share what you hope to gain from this training, and how you plan to use it in your Union work:

4. Please tell us (in 75 to 100 words) what an effective steward does.

Use the back of the page if necessary.

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5. Access

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

If yes, please specify: _____

The PSAC no-smoking policy will apply in all areas of the meeting/common rooms. Please refrain from using perfume or other scented products during the course. Many members have severe allergies and chemical sensitivities to these kinds of products. Your cooperation will be much appreciated.

6. Self-Identification (optional)

The PSAC is committed to ensuring that 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.

Are you an Aboriginal person? An Aboriginal person is a member of a First Nation, a Metis or an Inuit community.



Are you a person with a disability? For equity purposes, "persons with disabilities" means persons who experience barriers arising from impairments of a physical, mental, sensory, psychiatric or learning nature.

Y___ N____

Are you a member of the gay, lesbian, transgendered or bisexual community?

Y___ N___

Are you racially visible? A racially visible person in Canada is non-white in colour or race, regardless of place of birth.

Y___ N____

Are you under the age of 30? If so, what is your age?

Y___ N___ Date of Birth: ____

7. Signatures

With this application I agree that, if selected, I will attend and participate in all sessions of the AST. I have read the PSAC policy documents on Human Rights and Harassment provided by my Local, and understand my responsibilities in accordance with them.

(signature of Applicant)

(date)

Your Local President must recommend your application.

(signature)

(date)

Completed applications should be received no later than October 31, 2011.

PSAC Vancouver RO 200 - 5238 Joyce Street Vancouver BC V5R 6C9 fax: 604 430 0451 phone: 604 430 5631 toll free: 1800 663 1655

This form can be made available in various formats, including Braille, English, French, and on disc in English and French. Contact the Regional Office for more details.