**Application to the PSAC Atlantic School**

**Building our Union. Building our Power.**

**May 27 – 31, 2015, St. Francis Xavier University, Antigonish, NS**

**COURSE SELECTION**

Please choose your top two course selections and indicate the order of preference.

\_\_\_\_ Fighting to Win in 2015 and Beyond (English)

\_\_\_\_ Organizing for a Fair Contract and Union Renewal (English)

\_\_\_\_ Worker Educator Training (English)

\_\_\_\_ Worker Educator Training (French)

**PERSONAL INFORMATION**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Surname) (First Name)

**ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Postal Code)

**TELEPHONE (**\_\_\_\_\_**)** **(\_\_\_\_\_)** (Home) (Work)

**(\_\_\_\_\_)**  **E-MAIL** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Cell)

**PSAC ID**# **COMPONENT/ LOCAL**
[ ]  With this application, I authorize use of the above information for a participants’ list that will be distributed to participants at the Atlantic School.

**UNION ACTIVITIES**

How long have you been a PSAC member? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many members are in your local? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a Local Shop Steward? Yes [ ]  No [ ]

What union office(s) do you hold? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What other union or community experience do you have?

**UNION EDUCATION**

Please list any Union courses you have taken, including the date and location.

**EMPLOYMENT**

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation/Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **ACCESS**

Are you a member with a disability and require an accommodation?

Yes [ ]  No [ ]

**If yes, please fill out the accommodation request form at the end of this application.**

Do you have any other special requirements that require accommodation? For ex. religious, dietary?

Yes [ ]  No [ ]

How may we provide accommodation? Please specify:

**WAGES**

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

Yes [ ]  No [ ]

**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 PSAC Statement on Harassment Policy and Statement on Scent Free Environment and understand my responsibilities in accordance with them. These policies can be found at this end of this document.

Signature of applicant Date of application

**Recommendation**

Applicants are required to seek the recommendation of their Local President, the Chair of the Regional Women's Committee, Regional Human Rights Committee, Regional Young Workers Committee, Regional Aboriginal People’s Circle, the President of the Area Council or any of their respective designates. Please ask them to provide the information below.

I recommend the above member attend the 2015 Atlantic School. Specifically, the training will be used to the benefit of the membership by:

Signature Title

**APPLICANT’S COMMENTS**

Please describe your interest in attending the Atlantic and how you will make use the courses you are interested in being considered for. Please address each course individually. Feel free to attach additional pages.

 **Deadline for applications is March 31, 2015.**

**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. This information is confidential.

Are you First Nations, Métis or Inuit? 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 [ ]

**If you are a member with a disability and require accommodation, you must fill out the “Request for accommodation of a disability” attached.**

Are you gay, lesbian, bisexual or transgender? Yes [ ]  No [ ]

Are you a young worker (30 years and under)? 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.



**REQUEST FOR ACCOMMODATION OF A DISABILITY**

**In order for us to make the training and the training facilities accessible, it is essential that you complete and return this form. The PSAC Accommodation Policy strives to ensure that PSAC events are barrier-free for delegates with disabilities.**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Surname) (First Name)

**ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**TELEPHONE (**\_\_\_\_\_**)** **(\_\_\_\_\_)** (Home) (Work)

**(\_\_\_\_\_)**  **E-MAIL** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Cell)

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

[ ]  **I am a member with a disability and require accommodation**.

If **YES,** to the above question, what are the functional/cognitive limitations arising from your disability? (You are not obliged to disclose your diagnosis; only your functional limitations).

Please list suggestions for accommodating your functional limitations.

Other comments:

**You may be required to provide relevant medical documentation that will assist us to respond to your request.**

This form is confidential and the information contained within will not be disclosed except where necessary to respond to your request for accommodation.

**PSAC STATEMENT ON HARASSMENT**

Our union is made strong by Sisters and Brothers working together to improve our working lives and to preserve the rights that we have struggled to achieve. Mutual respect is the cornerstone of this cooperation. The PSAC Constitution states that every member is entitled to be free from discrimination and harassment, both in the union and at the workplace, on the basis of age, sex, colour, national or ethnic origin, race, religion, marital status, family status, criminal record, disability, sexual orientation, gender identity or expression, language, social and economic class or political belief. Members are also entitled to be free from personal harassment.

If you experience harassment at this event, contact the identified Anti-Harassment Resource Person to discuss the situation and possible responses. Our initial approach is to encourage early and informal resolution and to facilitate our members speaking directly with one another to resolve the matter. If this is not successful or possible, the Constitutional and policy mandates on the issue of harassment will be fully and quickly enforced.

Harassment in all its forms, detracts from our common purpose and weakens our union. Let each one of us, as we work together on the important task at hand, treat each other with dignity and respect.

# PSAC STATEMENT ON

# SCENT-FREE ENVIRONMENTS

The Public Service Alliance of Canada is committed to ensuring that all members with disabilities are able to effectively participate in order to contribute to the organization’s mandate.

In this regard, the PSAC recognizes that accessibility is an essential requirement for the participation of members with environmental disabilities.

In consideration for the health of our Sisters and Brothers who may suffer from environmental disabilities, and with the goal of eliminating a contaminant from the air, **the PSAC requests that all participants attending any union function refrain from using scented products. These include scented perfumes, colognes, lotions, hairsprays, deodorants and other products promoted by the fragrance industry.**

A participant who notices a problem is encouraged to address the person in a cordial and respectful manner. Any unresolved issues may be brought to the attention of the organizers who may investigate and attempt to find a reasonable accommodation.

By working together we can create healthier environments for ALL, and accommodate the needs of persons who have environmental disabilities.