

# PSAC-Atlantic Regional Women's Conference

“Reflecting, Refocusing & Rejuvenating –  
Our Voices & Energy”



June 3 – 5, 2016  
St. Francis Xavier University  
Antigonish, Nova Scotia

APPLICATION FORM  
Atlantic Regional Women's Conference

Deadline for receipt at PSAC Regional Office:  
Friday, April 22<sup>th</sup>, 2016

Name: \_\_\_\_\_  
(Surname) PLEASE PRINT (first name)

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City, Province)

Postal Code: \_\_\_\_\_ PSAC ID # \_\_\_\_\_

Telephone: (W): \_\_\_\_\_ (H): \_\_\_\_\_

Fax #: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Local: \_\_\_\_\_ Component: \_\_\_\_\_

Regional Women's Committee (RWC): \_\_\_\_\_

I authorize use of the information above for the Participants List,  
to be distributed at the Atlantic Regional Women's Conference.

YES \_\_\_\_\_ NO \_\_\_\_\_

**UNION ACTIVITIES:**

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

Union office(s) presently held: \_\_\_\_\_

\_\_\_\_\_

Length of time in present office(s): \_\_\_\_\_

Describe your union activities/community experience:

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Union Education/Conferences attended:

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**ACCESS**

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

YES \_\_\_\_\_ NO \_\_\_\_\_

How may we provide accommodation? Please specify:

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**FAMILY CARE**

Please indicate if you will require Family Care Allowance.

YES \_\_\_\_\_ NO \_\_\_\_\_

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.

## **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 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.

## **REGISTRATION FEE**

The Registration Fee is **\$50.00**. Please enclose a cheque made payable to the "*Public Service Alliance of Canada*" with your application form. Your Local, Component or Regional Women's Committee may be able to assist you with this fee.

## **NOTE\***

Locals are encouraged to register and financially assist women who are interested in attending this Conference. There are also some Components who set aside funds to encourage participation in events such as this. Applicants may wish to explore this option further.

**\* All applications must be signed by the participant and must also be recommended by a Local President or Chairperson of the Committee that they are representing.**

## SIGNATURES

**APPLICANT:** With this application I agree that, if selected, I will attend and participate in all sessions of the Regional Women's Conference.

SIGNATURE: \_\_\_\_\_  
(Signature of applicant) (Date of application)

Recommendation: I recommend the above member attend the Atlantic Regional Women's Conference that will be held June 3 - 5, 2016.

SIGNATURE: \_\_\_\_\_  
(Signature of Local President/Chairperson) (Date)

**Please indicate whether you are the Local President or Chair of the Regional Women's Committee, Human Rights Committee, Young Workers Committee or Area Council.**

If you have any questions about the Regional Women's Conference, please contact Mary MacNeil at the PSAC Halifax Regional Office at [macneim@psac-afpc.com](mailto:macneim@psac-afpc.com)  
902-443-3541 OR 1-800-839-6661

Please return the completed application to the PSAC Halifax Regional Office before April 22, 2016.

Public Service Alliance of Canada  
301-287 Lacewood Drive  
Halifax, NS B3M 3Y7  
Fax 902-443-8291

## 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 members who belong to groups identified in the PSAC Human Rights Policy.

**All information will be kept confidential.** (Please Circle)

Are you an Aboriginal, Métis, or Inuk woman? Yes No

Are you a racially visible woman? Yes No  
*(If yes, and you wish to identify with a specific racially visible group, please indicate: \_\_\_\_\_)*

Are you a woman with a disability? Yes No  
*How does your disability limit your function ability?  
Please Specify \_\_\_\_\_*

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Are you a lesbian, bisexual or transgender woman? Yes No

Are you a young woman? (Under 35)? Yes No

*(The Regional Women's Conference Organizing Committee encourages young women to apply to the Conference).*

## **DISCLAIMER**

This information is confidential and will only be shared after the Conference with the Regional Council Directors responsible for the various groups identified below, should you check the release box.

Release

Do not release

Province

NL

NB

NS

PEI

Non-Treasury Board Member

Yes

No

Equity

Aboriginal members

Gay/Lesbian/Bisexual/Transgender members

Members with Disabilities

Racially Visible members

Woman

**Other**

Francophone

Young Worker