

# **PSAC-Atlantic Regional Health & Safety Conference**



**Health and Safety  
Santé et sécurité**

**April 22-24, 2016  
THE WESTIN NOVA SCOTIAN, HALIFAX, NOVA SCOTIA**

**APPLICATION FORM  
Atlantic Health & Safety Conference**

Deadline for receipt at PSAC Halifax Regional Office:  
Friday, March 11<sup>th</sup>, 2016  
Fax number: (902) 443-8291  
email: [Hfx\\_admin@psac-afpc.com](mailto:Hfx_admin@psac-afpc.com)

# PSAC-ATLANTIC REGIONAL HEALTH, SAFETY CONFERENCE



**Health and Safety  
Santé et sécurité**

**April 22-24, 2016  
The Westin Nova Scotian  
Halifax, Nova Scotia**

**THEME: Health & Safety: Back to the Basics**

## **TENTATIVE AGENDA**

### **FRIDAY**

5:00 p.m. – 7:00 p.m.

Registration

7:00 p.m. – 8:00 p.m.

Welcome and Opening Remarks

- Aboriginal Opening
- Sister Jeannie Baldwin, REVP, PSAC-Atlantic

8:00 p.m. – 9:00 p.m.

Reception – Meet & Greet

**Information Tables will be open for viewing  
during the evening**

## **SATURDAY**

8:30 a.m. - 8:45 a.m.	Administrative Remarks
8:45 a.m. - 10:00 a.m.	Workshop 1 - What Stewards need to know about Health and Safety - The Basics: Getting to know the Legislation
10:00 a.m. – 10: 15 a.m.	Health Break
10:15 a.m. – 12:00 p.m.	Workshop con't
12:00 p.m. - 1:30 p.m.	Lunch
1:30 p.m. – 2:30 p.m.	Workshop 2 - What Stewards need to know about Health and Safety - The Basics: Getting to know the Legislation
2:30 p.m. – 2:45 p.m.	Health Break
2:45 p.m. – 4:30 p.m.	Workshop con't

## **SUNDAY**

8:45 a.m. – 9:00 a.m.	Administrative Remarks
9:00 a.m. – 9:45 a.m.	Robyn Benson, National President, PSAC National Task Force on Mental Health
9:45 a.m. – 10:15 a.m.	Health Break
10:15 a.m. – 11:30 a.m.	Guest Presenter: Megan Leslie World Wildlife Federation Canada
11:30 a.m. – 12:00 p.m.	Aboriginal Closing Closing Remarks Participants' Feedback

**APPLICANT STATUS**

I am applying for: Delegate \_\_\_\_\_ Observer \_\_\_\_\_

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

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

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

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

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

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

Personal email \_\_\_\_\_

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

**LANGUAGE PREFERENCE:**

For written material: \_\_\_\_\_ English \_\_\_\_\_ Bilingual  
For workshop: \_\_\_\_\_ English \_\_\_\_\_ Bilingual

**PLEASE INDICATE:**

I am a Workplace Safety and Health Committee Member \_\_\_\_\_  
I am a Workplace Safety and Health Representative \_\_\_\_\_

**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 and identify any Health & Safety training received including Basic Awareness training, Component and other Union Training:

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## **ACCESS**

The PSAC Accommodation Policy for participants at PSAC Conferences ensures that the needs of delegates with disabilities be accommodated. When applying, members are required to specify their accommodation needs in order to fully participate in this conference. Follow-up contact will be made if there is a necessity to clarify needs. (e.g. wheelchair access, sign language, documents in alternate formats, etc). Do you require accommodation?

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

How may we provide accommodation? Please specify:

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## **FAMILY CARE** (Receipt required)

Please indicate if you will require Family Care Allowance \_\_\_\_\_.

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 visit our website ([www.psac-afpc.com](http://www.psac-afpc.com)).

## **SMOKE FREE**

The entire hotel is strictly non-smoking. 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** (cheque made payable to the "Public Service Alliance of Canada" with your application form. Your Local or Component may be able to assist you with this fee.

### CERTIFICATION:

**All applications must be signed by the participant and must also be certified by a Local President or Component Officer.**

I certify that \_\_\_\_\_

(name of applicant)

is a member in good standing, and is the official Health & Safety representative for Local # \_\_\_\_\_

Signature of Local President/Component Officer:

**APPLICANT:** With this application I agree that, if selected, I will attend and participate in all sessions of the Health & Safety Conference.

### SIGNATURE:

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Date of application)

If you have any questions about the Health & Safety Conference, please call Nancy MacLean, Regional Representative, Health & Safety at 902-443-3541 or 1-800-839-6661

Please return the completed application to the PSAC, Suite 301,  
287 Lacewood Drive, Halifax, NS B3M 3Y7  
before the deadline date March 11<sup>th</sup>, 2016

**(Late applications will not be accepted)**

## 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? 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 function ability?  
Please Specify \_\_\_\_\_*

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

Are you a young worker? (under 35)? Yes No

# PSAC-ATLANTIC REGIONAL HEALTH & SAFETY CONFERENCE

April 22-24, 2016

## APPLICATION FOR SUBSIDY

There are some funds available for subsidies to assist smaller locals and members who have to travel long distances in order to attend the conference. While we would like to provide full funding, it is not possible due to budget restraints.

You can assist us in helping to lower costs in order to achieve our goal in getting as many participants as possible to attend this important Health & Safety Conference.

Locals can help send delegates in a number of ways. First, check with your Employer through your Workplace Safety and Health Committee. Under both the Canada Labour Code Part II and the Provincial Occupational Health & Safety Acts, Employers are to provide Committee members and Workplace Representatives with training. As this is an education / training forum, ask your Employer to allow you to attend as part of your committee member or representative duties.

Subsidies are available for delegates selected to attend the conference. Observers are not eligible to receive a subsidy. Delegates may apply for a transportation subsidy and/or a hotel accommodation subsidy as outlined in the attached document. It is important to submit your subsidy application form with the delegate application form.



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### Ground Transportation Subsidy:

(Please note that travel is based on commuted mileage travelled one way from the conference site. Mileage will be calculated using Map Quest.) The subsidy allocation is based on a total amount and not to be doubled.

- i) \_\_\_\_\_ \$100.00 for delegates who travel up to 100 km.
- ii) \_\_\_\_\_ \$125.00 for delegates who have travelled between 100 km – 200 km
- iii) \_\_\_\_\_ \$175.00 for delegates who have travelled between 200 km – 300 km
- iv) \_\_\_\_\_ \$250.00 for delegates who have travelled between 300 km – 500 km
- v) \_\_\_\_\_ \$300.00 for delegates who have travelled 500 km or more
- vi) \_\_\_\_\_ \$46.00 (with receipt) bridge subsidy (applicable to PE residents only)

### Air Transportation Subsidy:

(Subsidy will be provided for the actual cost of the airline ticket or up to the following subsidized rate. A copy of the airline ticket must be provided.)

- i) \_\_\_\_\_ \$600.00 for air travel from St. John's, NL
- ii) \_\_\_\_\_ \$700.00 for air travel from Gander, NL
- iii) \_\_\_\_\_ \$700.00 for air travel from Deer Lake, NL
- iv) \_\_\_\_\_ \$1000.00 for air travel from Wabush / Goose Bay, NL

### Hotel Accommodation Subsidy:

- i) \_\_\_\_\_ I live more than 100 km away from the conference site and am applying to receive the total accommodation subsidy of \$200.00.

### Meal Subsidy:

- i) \_\_\_\_\_ I am applying to receive the total weekend meal subsidy of \$100.00

**Please note, any requests for subsidy outside of those specified above are to be determined by Nancy MacLean, Regional Representative, Health & Safety.**