PSAC-Atlantic Regional Women's Conference

"Nevertheless, She Persisted"



October 4 – 6, 2019 Canadian Forces Base Gagetown Oromocto, New Brunswick

APPLICATION FORM Atlantic Regional Women's Conference

Deadline for receipt at PSAC Regional Office: Friday, September 6th, 2019

Name:							
(Surname)	PLEASE PRINT	(First name)					
Address:							
	ress:(Street)						
	(City, Province)						
Postal Code:	PSAC ID #						
Telephone: (W):	(H):						
Fax #:	Personal Email: _						
Local:	Component:						
Regional Women's Committee (F	RWC):						
I authorize use of the information distributed at the Atlantic Regiona	• •	list, to be					
YES NO							
UNION ACTIVITIES:							
How long have you been a PSAC	C member?						
Union office(s) presently held:							
Length of time in present office(s							

Describe your union activities/community experience:

Union Education/Conferences attended:

T-SHIRT SIZE

The conference will be providing each member who is accepted to attend with a conference t-shirt. Please make sure to include your t-shirt size on your application form. The t-shirts are made a bit small, so you may wish to order a larger size than you normally would.

□S	\Box M	\Box L	□XL	\Box XXL	□OTHER
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ACCOMMODATION OF A DISABILITY

The PSAC strives to ensure that PSAC events are barrier-free for participants with disabilities.

 \Box I am a member with a disability and require accommodation.

What are the functional limitations arising from your disability? (You are not obliged to disclose your diagnosis, only your functional limitations.)

Please specify the accommodation measures you require.

You may be required to provide relevant medical documentation that will assist us in responding to your request. This information will not be disclosed except where necessary to respond to your request for accommodation.

DIETARY REQUIREMENTS OR ALLERGIES

□ I have dietary requirements or allergies.

Please specify:

SIGNATURES

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.

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 October 4 - 6, 2019.

SIGNATURE:

(Signature of Local President/Chairperson)

(Date)

ELECTED POSITION:

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 <u>macneim@psac-afpc.com</u> 902-443-3541 OR 1-800-839-6661

Please return the completed application to the PSAC Halifax Regional Office before September 6th, 2019.

Public Service Alliance of Canada 301-287 Lacewood Drive Halifax, NS B3M 3Y7 Fax 902-443-8291 <u>macneim@psac-afpc.com</u>

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.

Equity

- □ Indigenous members
- □ LGBTQ+2
- □ Members with Disabilities
- □ Racially Visible members
- □ Woman

Other

- □ Francophone
- □ Young Worker (35 years and under)

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	□ NB	□ NS	□ PEI
Non-Treasury Bo	ard Member		
□ Yes	□ No		
Directly Chartere	d Local Member		
□ Yes	□ No		