

# REGISTRATION FORM

## 2017 PSAC 7<sup>th</sup> TRIENNIAL ATLANTIC REGIONAL CONVENTION

---

Please return completed form by Wednesday, May 3, 2017 to:

Public Service Alliance of Canada  
Attention: Convention Registration  
301-287 Lacewood Drive, Halifax, NS, B3M 3Y7  
Fax: (902) 443-8291, Email: [atlconvention@psac-afpc.com](mailto:atlconvention@psac-afpc.com)

*(PLEASE PRINT)*

PSAC Membership N°: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

Province:

NB

NS

NL

PE

Postal Code: \_\_\_\_\_

Spoken Language:  English

French

Gender: \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Mobile Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Personal e-mail address:** \_\_\_\_\_  
(Provide the address you would like used for correspondence for this Convention)

**Alternate e-mail:** \_\_\_\_\_

**Local N°:** \_\_\_\_\_

**Component or  
Directly Chartered  
Local:**

- |                                    |                                    |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> AGR       | <input type="checkbox"/> UEW/STE   |
| <input type="checkbox"/> CEIU/SEIC | <input type="checkbox"/> UNDE/UEDN |
| <input type="checkbox"/> CIU/SDI   | <input type="checkbox"/> UNE/SEN   |
| <input type="checkbox"/> DCL/SLCD  | <input type="checkbox"/> UPCE/SEPC |
| <input type="checkbox"/> GSU/SSG   | <input type="checkbox"/> USGE/SESG |
| <input type="checkbox"/> NHU/SNS   | <input type="checkbox"/> UTE/SEI   |
| <input type="checkbox"/> NRU/SRN   | <input type="checkbox"/> UVAE/SEAC |
| <input type="checkbox"/> UCTE/UCET |                                    |

**Language Preference for Convention Materials:**  English  French  
 Bilingual  Electronic only

When Convention documents are ready (in May 2017), delegates will receive an e-mail with downloading instructions of Convention documents. This information will also be posted on the PSAC Atlantic Website <http://psacatlantic.ca/>



**(C) Application for National Officer Delegate Status (Sub Section 5)**

I hereby certify that the above-named is a member in good standing and will represent as:

National Officer

**Signature:** \_\_\_\_\_  
**(Component President / REVP)**

**(D) Application for Atlantic Council Delegate Status (Sub Section 7)**

I hereby certify that the above-named is a member in good standing and will represent from the following:

PSAC Atlantic Regional Council

**Signature:** \_\_\_\_\_  
**(Atlantic Regional Executive Vice-President)**

**(E) Application for Delegate Status (Sub Sections 3 & 4)**

I hereby certify that the above-named is a member in good standing and is applying to represent one of the following:

- |  |  |
|--|--|
| <input type="checkbox"/> Francophone Members                           | <input type="checkbox"/> Members with Disabilities |
| <input type="checkbox"/> Aboriginal Members                            | <input type="checkbox"/> Racially Visible Members  |
| <input type="checkbox"/> Gay, Lesbian, Bisexual, Transgendered Members |  |

for:     NL     NB     NS     PEI

**Signature:** \_\_\_\_\_  
**(Local President or Committee Chairperson)**

**(F) Application for Regional Women's Committee Delegate Status**  
**(Sub Section 2)**

I hereby certify that the above-named is a member in good standing of the \_\_\_\_\_ RWC and is applying to represent the RWC from the following province:

NL       NB       NS       PEI

**Signature:** \_\_\_\_\_  
**(Committee Chairperson)**

**(G) Application for Young Worker Delegate Status (Sub Section 8)**

I hereby certify that the above-named is a member in good standing and is applying to represent Young Workers from the following province:

NL       NB       NS       PEI

**Signature:** \_\_\_\_\_  
**(Local President)**

## **EQUITY GROUP SELF-IDENTIFICATION**

Members who belong to the following groups are invited to self-identify. This information is voluntary. It will be kept confidential and will be used in order to provide an accurate profile of the representation of equity groups at Convention. It may also be used in conducting caucuses during the Convention.

### **Equity Status**

- Person with a Disability
- Aboriginal Person
- Racially Visible Person
- Woman
- GLBT
- Young Worker (age of 35 or under)
- Other, please specify:

### **PSAC Equity Contact Lists**

May we add your name to one or more of our respective PSAC Equity contact lists? If yes, this information may be shared with different structures of the PSAC in support of our human rights work.

- Yes     No

## **ACCOMMODATION OF A DISABILITY**

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

**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.)

---

---

---

---

---

---

---

---

I require that the PSAC arrange for a personal care attendant to assist me in order for me to fully participate at the Convention.

Please specify: \_\_\_\_\_  
\_\_\_\_\_

I require documentation in alternative media.

Please specify: \_\_\_\_\_  
\_\_\_\_\_

I require sound amplification.

I require sign language interpretation.

I require oral interpretation.

I require that the PSAC arrange for a reader (for a person with a visually related disability) to assist me in order for me to fully participate at the Convention.

I will be using animal assistance (i.e. guide dog) at the Convention.

## **Special Dietary Requirements or Allergies**

I have dietary requirements or allergies.

Please specify: \_\_\_\_\_  
\_\_\_\_\_

**You may be required to provide relevant medical documentation and additional information that will assist us in responding to your request.**

## **ON-SITE CHILD CARE**

The objective of the PSAC Family Care Policy is to remove one of the barriers which prevents **delegates** from participating fully in union activities and which provides for the reimbursement of family care expenses. A copy of the policy is outlined in the Convention Guidelines.

If there are any requests by delegates, on-site child care will be provided at the event for the activities outlined in the agenda.

I require on-site child care.

Number of children: \_\_\_\_\_ Ages of children: \_\_\_\_\_

*We will follow-up for additional information.*

**Thank you for completing the registration form.**