**UNION DEVELOPMENT PROGRAM**

**APPLICATION FORM**

***The deadline for applications is Friday, October 23, 2015***

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| **PERSONAL INFORMATION (please print)** |
| **Name:** |
| **Home address, city/town, province and postal code:** |
| **Home ph #: Work ph #:** |
| **E-mail address (H):** **E-mail address (W):** |
| **Local and Component/DCL:** |
| **Current Union Position, if any:** |
| **PSAC ID # (must be provided):** |
| **EMPLOYER:****POSITION:****LOCATION:** |

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| **UNION AND COMMUNITY ACTIVITIES** |
| **How long have you been a PSAC member?** |
| **Please outline why you think it is important for you to take the UDP at this time**:**Please outline, in detail, your experience as a union/social justice, activist:****List actions/events you have participated in organizing:** |
| **Please identify your long-range plans as a union/social justice activist:****How will you share your learning with other union members?** |
| **PSAC EDUCATION** |
| **Talking Union Basics (prerequisite for UDP)****Date Completed: Location:****OR****Introduction to the PSAC for Aboriginal People (prerequisite for UDP)****Date Completed: Location:****Other PSAC Education****Course Name:****Date completed: Location:** **Course Name:****Date completed: Location:** **Course Name:****Date completed: Location:** **Course Name:****Date completed: Location:** **Course Name:****Date completed: Location:** **Have you ever participated in the UDP?**  |
| **OTHER UNION OR COMMUNITY/SOCIAL JUSTICE EDUCATION** |
| **Please describe, if applicable:** |

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| **ESSAY QUESTION** |
| **Please note:** Essays will be used to screen potential candidates for the UDP. Applications submitted without this written exercise will be deemed incomplete and will not be considered. If you require assistance completing the essay question please contact your PSAC Regional Office.**PLEASE DRAFT A 500 WORD RESPONSE TO THE FOLLOWING:*****Outline your thoughts on union leadership, within the context of union and social justice activism. Comment on what you think leadership is, how it should be exercised, and by whom.*** |

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| **GUEST ROOM NEEDS** |
| Each course participant will be provided with a guest room where the course is being held. The costs for room, taxes and parking will be direct-billed to the PSAC. Please indicate your preference for:Non-smoking room:\_\_\_\_\_\_\_\_\_\_ Smoking room: \_\_\_\_\_\_\_\_\_\_\_\_  (Not available in all locations) |

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| **SPECIAL NEEDS: ACCESS AND DIET REQUIREMENTS** |
| The PSAC is committed to ensuring that the accessibility and dietary requirements of our members are respected. Please indicate your needs below and provide any necessary explanation that will assist us in meeting them. i.e. special diet (please specify); use of a wheelchair; use crutches or a walker; blind or visually impaired; deaf or hearing impaired; need assistance leaving room in an emergency; allergies. Please specify:  |

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| **LEARNING ENVIRONMENT** |
| **SMOKE-FREE:** All PSAC courses are smoke-free events. In compliance with PSAC policy there will be no smoking in any classrooms or common rooms used by course participants.**SCENT-FREE:** To assist members with environmental sensitivities, all PSAC courses are scent-free events. A copy of the scent-free policy will be included in the information sent to participants in the Union Development Program.**HARASSMENT-FREE:** To ensure a supportive and effective learning environment, the PSAC’s Anti-Harassment Policy 23B will be in effect for the duration of the UDP. Copies of the policy will be provided to UDP participants on the first day of the course. Copies of PSAC Policy 23B are also available from PSAC Regional Offices. |

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| **OPTIONAL SELF IDENTIFICATION** |
| The PSAC is committed to ensuring that PSAC education programs are accessible to all members. **All information will be kept confidential.** |
| **I am an Aboriginal person (Métis/First Nations/Inuit**  \_\_\_\_\_specify: |
| **I am a racialized person:** Are you, by virtue of your race or colour, in a racially visible minority in Canada? \_\_\_\_\_\_If yes, and you wish to identify with a specific racially visible group, please indicate:  |
| **I am a person with a disability:** Do you have any persistent or permanent physical, mental, psychiatric, learning or sensory impairments, as recognized under the Canadian Human Rights Act? \_\_\_\_\_\_\_ |
| **I am a gay/lesbian/bi-sexual/trans person** \_\_\_\_\_\_\_\_ |
| **I am a woman** \_\_\_\_  |
| **I am a young worker**, under the age of 36. \_\_\_\_\_\_\_ |

This document can be made available in various electronic formats (i.e. rich text format), on disk, and in Braille. Please contact your PSAC Regional Office for more information.

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Please send your application to the Halifax regional office.

Park West Centre, 287 Lacewood Drive, Suite 301

Halifax, Nova Scotia B3M 3Y7

Telephone: (902) 443-3541 | Fax: (902) 443-8291

Email: Hfx\_Admin@psac.com