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| **PSAC EDUCATION BASIC COURSE REGISTRATION FORM**  **Application form must be faxed, emailed or sent before deadline to:**  2-754 Falconbridge Road, Sudbury, Ontario P3A 5X5  705-674-6907or Toll Free: 800-354-9134,  Fax:705-674-8652 Email:[Sudbury\_RO@psac.com](mailto:Sudbury_RO@psac.com)  Register online @ [ontario.psac.com](http://www.ontario.psac.com) | | |
| **PLEASE REGISTER ME FOR THE FOLLOWING COURSE(S):** | | |
| **1** | Course |  |
|  | Date |  |
|  | Location |  |
| **2** | Course |  |
|  | Date |  |
|  | Location |  |

***(Use back of form if registering for more than two courses)***

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| **NAME** |  | | | |
| **COMPONENT/LOCAL/DCL** |  | | | |
| **LOCAL UNION POSITION TITLE** |  | | | |
| **HOME ADDRESS**  **CITY, PROVINCE**  **POSTAL CODE** |  | | | **WORK ADDRESS:** |
| **TELEPHONE#s** | **H:** | | | **W:** |
| **Emails** | **H:** | | | **W:** |
| **PSAC ID #** |  | | | |
| **DATE COMPLETED TUB COURSE**  **(for Grievance Handling Applicants)** | Day: Month: Year: | | | |
| **Self-Identification will be used for PSAC Record Purposes Only:**  Women**¨** Aboriginal**¨** Racially Visible**¨** Disabled**¨**Gay/Lesbian/Bisexual/Transgendered**¨** Young Worker (30 and Under)🞎 | | | | |
| **SPECIAL NEEDS: E.G. Special diet, wheelchair access, sign language, documents in alternate formats etc.** |  | | | |
| **WOULD YOU LIKE TO BE INCLUDED ON OUR CONTACT LIST:** | YES | NO | **Contact By (Please Circle):**  **Personal Email - Work Email - Mail - Phone** | |

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| **SMOKE-FREE:** All PSAC events, including this course, are smoke-free.  **SCENT-FREE:** To assist members with environmental sensitivities, all courses will be scent-free events.  **STATEMENT ON HARASSMENT:** Alliance Education courses are harassment-free. We can neither condone nor tolerate behaviour which undermines the full and equal participation of all in union activities.  **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 above and provide any necessary explanation that will assist us in meeting them. PSAC will take the necessary action to ensure the availability of transportation, equipment and/or people required to enable all members to attend and fully participate in this course. |

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