



# REGISTRATION FORM

**2019 Ontario Fall School  
November 19 to 24, 2019**

**Courtyard Toronto Downtown  
475 Yonge Street  
Toronto, ON M4Y 1X7**

**Registration Fee is \$50.00**  
PLEASE ENCLOSE SEPARATE CHEQUE PAYABLE TO PSAC WITH EACH  
COMPLETED REGISTRATION FORM

SECTION 1 - PERSONAL INFORMATION	
<b>NAME</b>	
<b>COMPONENT/ LOCAL / DCL</b>	
<b>PSAC ID #</b>	
<b>HOME ADDRESS</b>	
<b>CITY, PROVINCE</b>	
<b>POSTAL CODE</b>	
<b>HOME #</b>	
<b>WORK #</b>	
<b>WORK LOCATION</b>	
<b>WORK ADDRESS</b>	
<b>PERSONAL EMAIL</b>	

<b>SECTION 2 - COURSE SELECTION</b>	
	<b>CHECK ONE COURSE ONLY</b>
<b>WSIB Level III</b> (20 seats available)	
<b>Political and Social Activism</b> (20 seats available)	
<b>Unions Work for Women</b> (20 seats available)	
<b>Advanced Representation Training for Stewards</b> (20 seats available)	

<b>SECTION 3 - CONFIDENTIAL SELF-IDENTIFICATION (Optional)</b>		
<p>The PSAC is committed to ensuring that PSAC Education 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.</p>		
<b>Are you an Equity Group Member?</b>	<ul style="list-style-type: none"> <li>– Woman</li> <li>– Indigenous Member</li> <li>– Racially Visible Member</li> <li>– Member with Disabilities</li> <li>– Gay, Lesbian, Bisexual, or Trans Member</li> </ul>	
<b>Young Worker (Age 35 or under)</b>	<b>YES</b>	<b>NO</b>

### SECTION 4 - UNION ACTIVITIES

<b>How long have you been a PSAC member?</b>	
<b>Number of members in your Local:</b>	
<b>Union position(s) you currently hold:</b>	
<b>Other Union/Community/ Social Justice experience:</b>	

### SECTION 5 - UNION EDUCATION

<b>Talking Union Basics (TUB) or equivalent Location and Year completed If not completed, date of registration</b>	
<b>PSAC Advanced Courses Attended Location and Year</b>	
<b>Is this your first time at a PSAC educational event?</b>	
<b>Is this your first time attending the Ontario School?</b>	

### SECTION 6 - ROOM ACCOMMODATIONS

This is an in-residence event. Accommodations are based on single occupancy.  
**ALL ROOMS ARE NON-SMOKING – THERE ARE DESIGNATED SMOKING AREAS OUTSIDE**

## SECTION 7 - TRAVEL ARRANGEMENTS

*Please indicate your mode of travel.*  
 Participants are expected to travel by the most direct, economical means.

<b>Air</b>	
<b>Rail</b>	
<b>Bus</b>	
<b>Driving</b>	

## SECTION 8 – DIETARY REQUIREMENTS

**In the space below, please indicate if you have any special dietary requirements. Please be as specific as possible to assist the facility meeting your needs.**

Special Diet:			Other (Please Specify)
Vegetarian	Vegan	Gluten Free	

**Allergies (Please Specify):**

**Special Needs (Please Specify):**

## SECTION 9 – ACCESS INFORMATION

**The PSAC Accommodation Policy strives to ensure that union activities are barrier-free for participants with different abilities. Upon acceptance to the School, registrants may be required to further specify their accommodation requests to facilitate their participation in the School.**

**Please be as specific as possible to assist the organizers and the facility in meeting your needs.**

**I will be accompanied by a personal care attendant to assist me at the School.**

**Comments:** \_\_\_\_\_

I require documentation in alternative media.

Comments: \_\_\_\_\_

I require sound amplification.

I require a sign language interpreter.

I require an oral interpreter.

I require that the PSAC arrange for a Reader (for a person with visually related-disability) to assist me in fully participating at the School.

I will be using animal assistance (*i.e.*: guide dog) at the School.

I will require other accommodation:

Comments: \_\_\_\_\_

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

**Allergies (Please Specify):**

**Other Special Needs (Please specify):**

## SECTION 10 - FAMILY CARE

Please note that on-site family care will not be provided at this event. To improve access to training for members with family care responsibilities, the PSAC Family Care Policy will apply.

Please visit our website to review family care entitlements under the policy:

<http://psacunion.ca/family-care-policy>

## SECTION 11 – ENVIRONMENT

**SMOKE FREE:** All PSAC events, including this event, are smoke free. All meeting rooms and guest rooms are non-smoking. There are designated smoking areas outside the facility

**SCENT FREE:** To assist members with environmental sensitivities, all PSAC events are scent-free events.

**SPECIAL NEEDS – ACCESS AND DIETARY REQUIREMENTS:** The PSAC is committed to ensuring that the accessibility and dietary requirements of its members are respected. Please indicate any special needs; and provide any necessary explanation that will assist us in meeting those needs. The 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 participant at this event.

## SECTION 12 – HARASSMENT FREE

All PSAC events are harassment free. We can neither condone nor tolerate behavior which undermines the full and equal participation of all participants in all union activities.

## SECTION 13 – PSAC CONTACT LIST CONSENT

- I hereby consent to have my name and email address(es) added to one or more of the PSAC contact lists. Please note that this information may be shared with different structures within the PSAC only.

**APPLICANT SIGNATURE and COMMITMENT**

**Applicant:** With this registration, I agree to attend and participate in all course sessions, including scheduled evening sessions, and to complete all assignments for the School. I have read the PSAC policy documents on human rights and harassment, and I understand my responsibilities in accordance with them.

**NOTE:**

Applicants should speak to their Local President to seek Local funding for the registration fee.

**Signature of Applicant:**

**Date of Application:**

**Signature required of one of the following: PSAC Local President; Chair of a Human Rights Committee; Chair of a Regional Women’s Committee; Chair of a Young Workers Committee or Area Council President**

I recommend that the above member attend this course as it meets a training need of the Union. Specifically, the training will be used to the benefit of the membership at a Regional or Local level by: \_\_\_\_\_ (Insert Local number or Committee name)

**SIGNATURE:**

**DATE:**

**TITLE:**

## APPLICANT'S COMMENTS

1. What motivated you to apply for this course?

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2. What will you do with this training?

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3. Why are Human Rights union rights?

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Please forward your completed Registration Form and \$50.00 Registration Fee to:

**Attn : Kellie Loshak**  
**PSAC Kingston Regional Office**  
201 - 863 Princess Street, Kingston, ON K7L 5N4  
T: 613-542-7322 / F: 613-542-7387 / E: [loshakk@psac.com](mailto:loshakk@psac.com)

**Late registrations will not be accepted.**

**Information provided on page 8 of the Registration Form will  
be used in the selection process.**

**Registration Forms are due by  
Monday, September 9, 2019.**