

PSAC EDUCATION COURSE REGISTRATION FORM

Please complete this application form and return it to your PSAC Regional Office by the course registration deadline date.

PLEASE REGISTER ME FOR THE FOLLOWING COURSE(S):

1.	COURSE	
	DATE	
	LOCATION	
2.	COURSE	
	DATE	
	LOCATION	

NAME		
COMPONENT/LOCAL/DCL		
LOCAL UNION POSITION TITLE		
HOME ADDRESS CITY, PROVINCE POSTAL CODE		
WORK TELEPHONE		
HOME TELEPHONE		
PERSONAL EMAIL ADDRESS		
WORK EMAIL ADDRESS		
PSAC ID #		
DATE OF COMPLETION OF TALKING UNION BASICS (TUB) COURSE (IF APPLICABLE)		
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	

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.*