PSAC EDUCATION BASIC COURSE REGISTRATION FORM

Application form must be faxed, emailed or sent before deadline to: 90 Eglinton Avenue East, Suite 608, Toronto, ON, M4P 2Y3, Phone: 416-485-3558, Fax: 416-485-8607,email: psac toronto mail@psac.com				
1.	COURSE	-		
	DATE			
	LOCATION			
2.	COURSE			
	DATE			
	LOCATION		·	
NAM	IE			
COMPONENT/LOCAL/DCL				
LOCAL UNION POSITION TITLE				
HOME ADDRESS				
CITY, PROVINCE POSTAL CODE		1		
WORK TELEPHONE HOME TELEPHONE			7	
PERSONAL EMAIL ADDRESS				
WORK EMAIL ADDRESS				
PSAC ID#				
DATE COMPLETED TALKING UNION BASICS (TUB) COURSE				
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 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.