



# BASIC COURSE APPLICATION FORM

COURSE APPLIED FOR: \_\_\_\_\_

COURSE DATES AND LOCATION: \_\_\_\_\_

**PERSONAL INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL/INTERNET ADDRESS: \_\_\_\_\_

COMPONENT: \_\_\_\_\_ LOCAL: \_\_\_\_\_

PSAC ID #: \_\_\_\_\_  
\_\_\_\_\_  
(Signature)

**EMPLOYMENT INFORMATION:**

EMPLOYER: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

POSITION/JOB TITLE: \_\_\_\_\_ LEVEL: \_\_\_\_\_

HOURLY RATE: \_\_\_\_\_ HOURS OF WORK: \_\_\_\_\_  
(i.e. Monday to Friday, 8:30-5:00)

**\*\*\*\*\*If you are a shift worker please make sure to include the shift schedule for the time requested along with this application.\*\*\*\*\***

**ADDITIONAL INFORMATION:**

**SELF IDENTIFICATION :**  Woman  First Nations, Inuit, Metis  
Optional, all information will  Youth  Racially Visible  
be kept confidential  Gay, Lesbian, Bisexual,  Person with a disability  
Transgender

**ACCOMMODATION REQUIREMENTS:**  For example, access, hearing, sight, dietary, allergies, etc. Details of accommodation:

---

RETURN TO: PUBLIC SERVICE ALLIANCE OF CANADA  
100 – 2285 2<sup>nd</sup> Avenue  
Whitehorse YT, Y1A 1C9  
(867) 667-2331 Phone  
1-888-938-2331 Toll Free  
(867) 633-5347- Fax  
E-mail: [dalleys@psac.com](mailto:dalleys@psac.com)