



# PSAC NORTH REGION BASIC COURSE APPLICATION FORM

Please complete this form and return to:  
**PSAC Yellowknife Regional Office**  
 Fax: 867-873-4295  
 E-mail: [yeladmin@psac.com](mailto:yeladmin@psac.com)

COURSE INFORMATION	
Course name:	
Course date(s) and location:	
PERSONAL INFORMATION	
Name:	
Address:	
City:	Postal Code:
Home ph #:	Work ph #:
Work E-mail:	
Home E-mail:	
Local and Component:	
*PSAC ID # :	
EMPLOYMENT INFORMATION	
EMPLOYER:	DEPARTMENT:
POSITION/JOB TITLE:	
LEVEL:	HOURLY RATE:
HOURS OF WORK: (i.e. Monday – Friday, 8:30 – 5:00)	
**REQUIRED TIME OFF WORK TO PARTICIPATE: (Please include dates and times, including travel time)	
SUPERVISOR'S NAME:	FAX:
<p><b>SMOKE-FREE:</b> All PSAC events, including this course, are smoke-free.</p> <p><b>SCENT-FREE:</b> To assist members with environmental sensitivities, all courses will be scent-free events.</p> <p><b>SPECIAL NEEDS:</b> The PSAC is committed to ensuring that the accessibility requirements of our members are respected. Please indicate your needs below 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.</p>	
<b>SPECIAL NEEDS:</b> e.g. Wheelchair access, sign language, documents in alternate formats etc.	

\*If you do not know your PSAC ID #, call the Yellowknife Regional Office at (867) 873-5670 and we will be able to look it up for you.

\*\*If you are a Shift Worker please **ENCLOSE A COPY OF YOUR OFFICIAL SCHEDULE** which **CLEARLY** shows you are scheduled to work on the course date(s).