



Public Service Alliance of Canada
Alliance de la Fonction publique du Canada



Health and Safety
Santé et sécurité

APPLICATION FORM

2024 PSAC NORTH REGIONAL CONFERENCE FOR HEALTH & SAFETY MEMBERS

April 20 & 21, 2024
NORTH STAR BUILDING, YELLOWKNIFE, NT

Deadline for receipt at PSAC Yellowknife Regional Office:

Friday, February 26, 2024

Fax number: (867) 873-4295

email: yeladmin@psac-afpc.com

Please ensure that you answer all the questions on the registration form to avoid any delay in processing your application.

Yes, I am a PSAC North member in Good Standing

PERSONAL INFORMATION

Last name:

First name:

Street address:

City:

Postal code:

Work phone:

Home phone:

Cell phone:

Other phone:

Fax:

Preferred (personal) Email:

Other email:

PSAC Membership #:

Local number: _____

Component or
Directly Chartered Local:

- AGR
- CEIU
- CIU
- GSU
- NEU
- UCTE
- UHEW

- UNDE
- UNE
- UNW
- UPCE
- USJE
- UTE
- UVAE
- YEU
- DCL

Please specify:

PARTICIPANT PROFILE

(Important note: The responses to these questions will be used in the selection process for delegates and observers to the conference.)

To ensure that the conference responds to the needs of our members, we invite you to complete the following questions:

1. This is my first PSAC Conference.

2. If you have recently attended other PSAC Events (such as conferences, courses, etc.) please list which events and describe how this has impacted your union activism.

3. I am a leader or member of a PSAC Regional and/or Component Health & Safety Committee(s)?
If yes, please specify:

4. I am active on the Health & Safety workers' rights in my union or workplace and/or active in the community on Health & Safety issues. If yes, please describe:

5. If you have recently attended other PSAC Events (such as conferences, courses, etc.) please list which events and describe how this has impacted your union activism.

6. I am a leader or member of a PSAC Regional and/or Component Health & Safety Committee(s)?
If yes, please specify:

7. I am active on the Health & Safety workers' rights in my union or workplace and/or active in the community on Health & Safety issues. If yes, please describe:

8. If you are chosen as a delegate to this Conference, how would this experience lead to help you advance in Health & Safety leadership and engagement in your workplace, Local, Region, Component, and/or in your community? **(in 150 words or less)**

EQUITY GROUP SELF-IDENTIFICATION

PSAC members who belong to the following groups are invited to Self-Identify. This information is voluntary and kept confidential and will be used for the purposes of supporting our equity initiatives and programs. Please check all that apply.

- Person with a Disability

- Indigenous Person (First Nations, Métis, Inuit)

- Woman

- Racially Visible Person
 - Black; African Canadian; Person of African-Descent, Caribbean
 - Chinese
 - Filipino
 - Japanese
 - Korean
 - South-Asian (including Indian from India; Bangladeshi; Pakistani; East Indian from Guyana, Trinidad, East Africa; etc.)
 - Southeast Asian (including Burmese; Cambodian; Laotian, Thai; Vietnamese; etc.)

- Non-White West Asian, North African or Arab (including Egyptian; Libyan; Lebanese; Iranian; etc.)
- Non-White Latin American (including indigenous persons from Central and South America, etc.)
- Persons of Mixed Origin (with one parent in one of the Racially Visible groups listed above)
- Other, _____
specify:

2SLGBTQIA+ (Two-Spirited, Lesbian, Gay, Bisexual, Transgender Persons, Queer, Intersex, Asexual)

Young Worker (35 years of age and under)

Other, please specify: _____

Pronouns:

Please indicate your pronouns (she, he, they, zhe, etc) below. More information on pronouns and building trans-inclusive workspaces can be found [here](#).

PSAC Contact Lists

- Please add my name and contact information to one or more of our respective PSAC Equity and other PSAC Regional Committee contact lists.
- Please add my name and contact information to the PSAC North Regional Newsletter distribution list.

The following information will only be used if you are selected as a delegate for the conference.

Please identify if you will **require loss of salary to be covered**. In most cases, a full day will be needed to arrive in time for the program on Friday and for departure travel on Monday. If you require Loss of Salary for Saturday or Sunday, please indicate below (for budget tracking purposes).

If selected as a delegate, I will require an advance for expenses (including loss of salary) associated with this Conference.

I will need approximately: \$ _____

Classification/Step or Hourly Wage: _____

Number of Hours Loss of Salary Required: _____

Which day(s) do you require loss of salary? _____

ACCOMMODATION FOR DISABILITIES

The PSAC Accommodation Policy strives to ensure that PSAC Conferences are barrier-free for **members with disabilities**.

I am a member with a disability and require accommodation.

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.

What are the functional limitations arising from your disability? (You are not obliged to disclose your diagnosis, only your functional limitations.)

I require that the PSAC arrange for a personal care attendant to assist me in order for me to fully participate at the Conference.

- I require documentation in alternative media.
- I require sound amplification.
- I require sign language interpretation.
- I require an oral interpretation.
- I require that the PSAC arrange for a Reader (for a person with a visually related disability) to assist me in order for me to fully participate at the Conference.
- I will be using animal assistance (i.e. guide dog) at the Conference.

SPECIAL DIETARY REQUIREMENTS OR ALLERGIES

- I have dietary requirements or allergies that the PSAC should be aware of.

Please specify:

FAMILY CARE

The objective of the PSAC Family Care Policy is to remove one of the barriers which prevents delegates from participating fully in Union activities and which provides for the reimbursement of family care expenses. A copy of the policy is available on the PSAC website at www.psaunion.ca/family-care-policy.

HOTEL ACCOMMODATION

The PSAC has reserved a block of rooms at The Explorer Hotel for delegates in travel status.

I require specific accommodation for my disability in my hotel room.

Please specify: _____

MODE OF TRANSPORTATION

Please indicate your preferred mode of travel. Participants are expected to travel by the most direct, economical means. Please provide any relevant details below.

Air
Personal Motor Vehicle

EMERGENCY CONTACT

Please indicate a name and telephone number for someone we should contact in case an emergency arises while you are participating at the Conference.

Name: _____ Telephone #: _____

APPLICANT:

With this application, I agree that, if selected, I will attend and participate in all sessions of the PSAC North Regional Health & Safety Conference scheduled on Saturday, April 20, 2024 & Sunday April 21, 2024

SIGNATURE: _____
(Signature of applicant) (Date)