

Home phone:

Cell phone:

Other phone:

Fax:

Preferred (personal) Email:

Other email:

PSAC Membership #:

Local number: _____

Component:

- | | |
|-------------------------------|-------------------------------|
| <input type="checkbox"/> AGR | <input type="checkbox"/> UNDE |
| <input type="checkbox"/> CEIU | <input type="checkbox"/> UNE |
| <input type="checkbox"/> CIU | <input type="checkbox"/> UNW |
| <input type="checkbox"/> GSU | <input type="checkbox"/> UPCE |
| <input type="checkbox"/> NEU | <input type="checkbox"/> USJE |
| <input type="checkbox"/> UCTE | <input type="checkbox"/> UTE |
| <input type="checkbox"/> UHEW | <input type="checkbox"/> UVAE |
| | <input type="checkbox"/> YEU |

PARTICIPANT PROFILE

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

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

1. This is my first PSAC Gathering and/or conference.
2. If you have recently attended other PSAC Events (such as conferences,



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.

- Access
- Indigenous Person (First Nations, Métis, Inuit)
- Woman
- Racialized Worker
- 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 Gathering.

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 Thursday. 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 Gathering.

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 and events 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 Gathering.
- 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 Gathering.
- I will be using animal assistance (i.e. guide dog) at the Gathering.

HOTEL ACCOMMODATION

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

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

Please specify: _____

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 Gathering.

Name: _____

Telephone #: _____

Relationship to Participant: _____

APPLICANT:

*With this application, I agree that, if selected, I will attend and participate in all sessions of the PSAC North Indigenous Peoples Gathering scheduled for **Thursday, March 20, 2025 through Saturday, March 22, 2025.***

SIGNATURE: _____
(Signature of applicant) (Date)