



Union Centre, 407-275 Broadway
 Winnipeg, MB R3C 4M6
 Tel. 204 942 5480
 Fax 204 942 5493
 www.cupw-sttp.org

Prairie Region



CUPW respectfully acknowledges that this office is on Treaty 1 territory and is the traditional territory of the Anishinaabeg, Cree, Oji-Cree, Dakota, Dene and Lakota Peoples, and the homeland of the Métis Nation.

** APPLICATION FOR EDUCATIONAL **

Event: 3 Day Educational

Date: March 27th-30th

Courses: Solidarity Skills I/Welcome to CUPW/Grievance Handling/Fighting Back

PLEASE PRINT CLEARLY AND LEGIBLY TO ENSURE ACCURATE AND TIMELY PROCESSING

Local:			Full-Time <input type="checkbox"/>		Part-Time <input type="checkbox"/>		
Classification:	MSC <input type="checkbox"/>	LC <input type="checkbox"/>	P04 <input type="checkbox"/>	P05 <input type="checkbox"/>	RSMC <input type="checkbox"/>	PSBU <input type="checkbox"/>	Other <input type="checkbox"/>
Name as it appears on your photo ID:							
Preferred Name:				Pronouns:			
Sister <input type="checkbox"/>		Brother <input type="checkbox"/>		Non-Binary <input type="checkbox"/>		Equity Seeking Group <input type="checkbox"/>	
Date of Birth: <small>(for airline ticket purposes)</small>				Equity Seeking Group you identify with:			
Address:							
City:		Prov:		Postal code:			
Home/Cell Phone:			Work Phone:				
E-mail Address:							
Emergency Contact:				Phone:			
<u>COURSE SELECTIONS:</u> (in order of preference)		1. _____ 2. _____ 3. _____					
<u>ACCOMMODATION:</u> Please advise if you have any environmental or food allergies, mobility, medical, hearing or vision issues that we should be aware of so appropriate accommodation can be arranged.							
<u>TRAVEL:</u>							
If travelling to the airport or educational by car, please indicate km's one way:							

By signing below, I acknowledge that if my application is accepted to attend this Educational Seminar and I am unable to attend, I or my Local will be held responsible for any nonrefundable costs incurred and any "no-show" costs associated with non-attendance.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED
 MUST BE SIGNED BY APPLICANT AND LOCAL PRESIDENT OR WILL NOT BE ACCEPTED

 Signature of Applicant

 Signature of Local President

How long have you been a CUPW Member?	0 - 4 Years <input type="checkbox"/>	5 - 10 Years <input type="checkbox"/>	11 - 15 Years <input type="checkbox"/>	16 - 20 Years <input type="checkbox"/>	20+ Years <input type="checkbox"/>
---------------------------------------	-----------------------------------------	------------------------------------------	-------------------------------------------	-------------------------------------------	---------------------------------------

Have you attended any other CUPW Educational(s)? Please list.

What positions have or do you hold in your Local?
(e.g Executive, Shop Steward, Committee Member)

Please list any involvement in your community.
(labour or otherwise).

Briefly describe what interests you in the course(s) you are applying for.

How do you plan to apply what you will learn in this course as a Member of CUPW or in your community?
