

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



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 **

Classification: MSC LC P04 P05 RSMC PSBU Other Name as it appears on your photo ID: Preferred Name: Pronouns: Sister Brother Non-Binary Equity Seeking Group Quotientify with: Address: City: Prov: Postal code: Home/Cell Phone: Work Phone: E-mail Address: Emergency Contact: Phone: 1	Event:	3 Day Educational									
Coal: Classification: MSC LC P04 P05 RSMC PSBU Other Name as it appears on your photo ID: Preferred Name: Pronouns: Sister Brother Non-Binary Equity Seeking Group Date of Birth: Work Prov: Prov: Home/Cell Phone: E-mail Address: Emergency Contact: Phone: 1. COURSE SELECTIONS: (in order of preference) 2. 3. ACCOMMODATION: Please advise if you have any environmental or food allergies, mobility, medical, hearing or vision issues that should be aware of so appropriate accommodation can be arranged. TRAVEL: If travelling to the airport or educational by car, please indicate km's one way: y signing below, I acknowledge that if my application is accepted to attend this Educational Seminar and I nable to attend, I or my Local will be held responsible for any nonrefundable costs incurred and any "no-sh sists associated with non-attendance. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED	Date:	March 27th-30th									
Classification: MSC LC P04 P05 RSMC PSBU Other Name as it appears on your photo ID: Preferred Name: Pronouns: Sister Brother Non-Binary Equity Seeking Group Date of Birth: Equity Seeking Group you identify with: Address: City: Prov: Postal code: Home/Cell Phone: Work Phone: E-mail Address: Emergency Contact: Phone: COURSE SELECTIONS: (in order of preference) 2.	Courses:	Solidarity	y Skills I	/Welcome	to CUPW	//G	rievance F	landlii	ng/Figł	iting E	Back
Classification: MSC	PLEASE PRI	NT CLEARLY	AND LE	GIBLY TO	ENSURE	Α	CCURATE	AND T	IMELY	PROC	ESSII
Name as it appears on your photo ID: Preferred Name: Sister	Local:						Full-Time	е 🔲	Part-	Гіте	
Preferred Name: Sister Brother Non-Binary Equity Seeking Group Date of Birth: (for arithus telects purposes) Address: City: Prov: Postal code: Home/Cell Phone: Work Phone: E-mail Address: Emergency Contact: Phone: COURSE SELECTIONS: (In order of preference) 1. COURSE SELECTIONS: (In order of preference) 3. ACCOMMODATION: Please advise if you have any environmental or food allergies, mobility, medical, hearing or vision issues that should be aware of so appropriate accommodation can be arranged. TRAVEL: If travelling to the airport or educational by car, please indicate km's one way: In the property of the second with non-attendance. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED	Classification	ı: MSC	LC	□ P04	□ P05		RSMC	PS	BU 🔲	Other	
Sister Brother Non-Binary Equity Seeking Group Date of Birth: (for airline tucker purposes) Address: City: Prov: Postal code: Home/Cell Phone: Work Phone: E-mail Address: Emergency Contact: Phone: COURSE SELECTIONS: (in order of preference) 3. ACCOMMODATION: Please advise if you have any environmental or food allergies, mobility, medical, hearing or vision issues that should be aware of so appropriate accommodation can be arranged. TRAVEL: 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 mable to attend, I or my Local will be held responsible for any nonrefundable costs incurred and any "no-shoots associated with non-attendance. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED	Name as it a	ppears on yo	ur photo	ID:							
Date of Birth: [Gorardine ticket purposes]	Preferred N	ame:				I	Pronouns:				
You identify with: You identify with: Address: City: Prov: Postal code: Prov: Prov: Postal code: Prov: Prov:	Sist	er 🗖	Brother	1 🗆	•			uity See	king Gr	oup	
City: Home/Cell Phone: E-mail Address: Emergency Contact: Phone: 1. COURSE SELECTIONS: (in order of preference) 2. 3. ACCOMMODATION: Please advise if you have any environmental or food allergies, mobility, medical, hearing or vision issues that should be aware of so appropriate accommodation can be arranged. TRAVEL: If travelling to the airport or educational by car, please indicate km's one way: Ty signing below, I acknowledge that if my application is accepted to attend this Educational Seminar and I mable to attend, I or my Local will be held responsible for any nonrefundable costs incurred and any "no-shoots associated with non-attendance. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED											
Home/Cell Phone: E-mail Address: Emergency Contact: Phone: 1	Address:										
E-mail Address: Emergency Contact: Phone: COURSE SELECTIONS: (in order of preference) 3. ACCOMMODATION: Please advise if you have any environmental or food allergies, mobility, medical, hearing or vision issues that should be aware of so appropriate accommodation can be arranged. TRAVEL: 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 mable to attend, I or my Local will be held responsible for any nonrefundable costs incurred and any "no-shosts associated with non-attendance. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED	City:				Prov:			Postal	code:		
Emergency Contact: 1	Home/Cell I	Phone:			Work P	non	ie:				
1	E-mail Addr	ess:									
COURSE SELECTIONS: (in order of preference) 2. 3. ACCOMMODATION: Please advise if you have any environmental or food allergies, mobility, medical, hearing or vision issues that should be aware of so appropriate accommodation can be arranged. TRAVEL: 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 mable to attend, I or my Local will be held responsible for any nonrefundable costs incurred and any "no-shosts associated with non-attendance. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED	Emergency	Contact:					Phone:				
TRAVEL: 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 mable to attend, I or my Local will be held responsible for any nonrefundable costs incurred and any "no-sh osts associated with non-attendance. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED	(in order of	preference)	2 3							vision iss	ues that
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 mable to attend, I or my Local will be held responsible for any nonrefundable costs incurred and any "no-sh osts associated with non-attendance. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED	should be aware o	of so appropriate acc	commodation	can be arranged							
mable to attend, I or my Local will be held responsible for any nonrefundable costs incurred and any "no-sh osts associated with non-attendance. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED		airport or education	nal by car, ple	ase indicate km'	s one way:						
	nable to atten	id, I or my Loca	l will be he								
	I								ACCEPT	ED	

How long have you been a CUPW Member?	0 - 4 Years	5 – 10 Years	11 - 15 Years □	16 - 20 Years □	20+ Years
Have you attended any	other CUPW	Educational(s	s)? Please list.		
What positions have or (e.g Executive, Shop Ste			,		
Please list any involven (labour or otherwise).	nent in your	community.			
Briefly describe what in	nterests you	in the course(s	s) you are apply	ing for.	
How do you plan to appyour community?	oly what you	will learn in th	nis course as a N	Member of CUPV	V or in