

CUPE LOCAL 454 EDUCATION APPLICATION FORM

Name:		_ Home/Cel Phone_#	
Address:			
Work Site:		Work Phone #	
E-mail Address:			
Course Applying For:	1st Choice:		
	2 nd Choice:		
	Date of Course:		
Date Submitted:		Date Received in Office: (Office use only)	:
CU 360 Del	ucation Committee PE Local 454 - 6165 Highway 17 A ta, BC V4K 5B8	lccnet.com or fax to: 604-943	-4523
Criteria used for the Educ	ation Committee Selection	on is based on the following:	
Your attendance at r	vithin the local to the local for the course membership meetings	rship meetings in the previous yea	ur).
In addition, you are expected membership meeting follows:		ion on the course material at the fanefit of all members.	ïrst
Please ensure that you co	omplete the following in	nformation:	
Have you taken any cours If yes, please list the name	•	pefore? Yes No (circle	e one)
If you are applying for an Yes No (circle one)	advanced course, have y	you taken the prerequisite?	
Briefly describe your invo	lvement with this Local	:	

Please list any committees you have served on or positions that you have held in the local:			
Briefly describe how you intend to use this course to benefit CUPE Local 454 members:			
Information required for school facilitator:			
Are you willing to share accommodation? Yes No (circle one) If shared accommodation is requested, you would like to room with:			
Name:Union:			
There is very limited single accommodation available . Priority will be given for equity/medical/family needs.			
Do you wish to request single accommodation? If yes, please provide the			
reason:			
Is child minding required? Yes No (circle one) if yes, please indicate child's name and age:			
Special Needs: Do you require a special diet? (e.g. vegetarian, allergy)			
If yes, please provide details			
Do you have any other special needs? (e.g. mobility, visual, audio)			
If yes, please provide details:			
<u>Do you have a valid First Aid Certificate?</u> If yes, would you like to volunteer to be part			
of the First Aid Committee?			
Type of First Aid Certificate Held:			
CODE OF CONDUCT As a representative of CUPE Local 454, you are expected to conduct yourself with dignity, poise and display a respect for all participants in the educational programs that our local participates in. Behaviour that is disrespectful, disruptive, violates the CUPE Equality Statement, or reflects poorly on you or CUPE Local 454 could result in your removal from the education session. It could also affect your ability to participate in future educational opportunities offered by CUPE Local 454. Your removal from the course shall be at the discretion of the school's director and/or our local President.			
Signature:			

By signing, you acknowledge and accept the code of conduct and the obligation to report back to the membership and to use the knowledge gained to the betterment of the membership of CUPE Local 454.