



CUPE LOCAL 454
EDUCATION APPLICATION FORM

Name: _____ Home/Cel Phone # _____

Address: _____

Work Site: _____ Work Phone # _____

E-mail Address: _____

Workshop Applying For: 1st Choice: _____

(Only choose TWO)

2nd Choice: _____

Spring 2024 Weeklong School May 26 to 31

Date Submitted: _____

Date Received in Office:
(Office use only)

Please submit this application to:

Education Committee
CUPE Local 454
360 - 6165 Highway 17 A
Delta, BC V4K 5B8
Email to: cupelocal454@dccnet.com or fax to: 604-943-4523

Criteria used for the Education Committee Selection is based on the following:

- The educational needs of the local
Your activity level within the local
The expected return to the local for the course
Your attendance at membership meetings

(We recommend that you attend at least 3 membership meetings in the previous year).

In addition, you are expected to make a brief presentation on the course material at the first membership meeting following your course, for the benefit of all members.

Please ensure that you complete the following information:

Have you taken any courses offered by this local before? Yes No (circle one)

If yes, please list the name of each course taken:

If you are applying for an advanced course, have you taken the prerequisite?

Yes No (circle one)

Briefly describe your involvement 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: _____

Do you have a valid First Aid Certificate? 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.