

## CUPE LOCAL 454 EDUCATION APPLICATION FORM

Delta Public Employees	
Name:	Home/Cel Phone_#
Address:	
Work Site:	Work Phone #
E-mail Address:	
Course Applying For:	1st Choice:
	2 <sup>nd</sup> Choice:
CUP	(Office use only)
Ema	a, BC V4K 5B8 il to: cupelocal454@dccnet.com or fax to: 604-943-4523 iii to: Committee Selection is based on the following:
Your attendance at me	thin the local the local for the course
	to make a brief presentation on the course material at the first g your course, for the benefit of all members.
Please ensure that you cor	nplete the following information:
Have you taken any courses If yes, please list the name of	s offered by this local before? Yes No (circle one) of each course taken:
If you are applying for an a	dvanced course, have you taken the prerequisite?
Yes No (circle one)	

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:

## **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.