



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

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

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

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                      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.