CUPE LOCAL 454
EDUCATION APPLICATION FORM

Name: _____ Home/Cel Phone #_____

Address: _____

Work Site: _____ Work Phone # _____

E-mail Address: _____

Course Applying For: **1st Choice:** _____ **Week #**_____

2nd Choice: _____ **Week #**_____

LIMITED TO TWO CHOICES

School: CLC Winter School 2027
Deadline to apply October 29, 2026

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 ☐

Please complete and sign on reverse

KI/Move-Up

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:

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:_____

Transportation:

Do you require transportation to and from Harrison Hot Springs? _____

Which of the three offered stops would you be boarding (See bus schedule for exact location)? Pacific Central Station, Coquitlam, Guildford Library _____

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: _____ Date: _____

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.