

PSAC NORTH REGION BASIC COURSE APPLICATION FORM

Please complete this form and return to:			
PSAC Iqaluit Regional Office			
Fax: 867-979-5517 email: shaimab@psac.com			
COURSE INFORMATION			
COURSE NAME:			
COURSE DATES AND LOCATION: PERSONAL INFORMATION:			
PERSONAL INFORMATION.			
NAME:			
ADDRESS:			
TY: TERRITOR		RY & POSTAL CODE:	
HOME PHONE NO:		WORK PHONE NO:	
HOME E-MAIL:			
WORK E-MAIL:			
COMPONENT:		LOCAL:	
PSAC/NEU ID #: SIGNATURE:			
EMPLOYMENT INFORMATION			
EMPLOYER:			
POSITION/JOB TITLE:			
HOURS OF WORK:			
(i.e. Monday-Friday, 8:30-5:00)			
If you are a shift worker please ENCLOSE A COPY OF YOUR OFFICIAL SHIFT SCHEDULE which CLEARLY shows			
you are scheduled to work on the course date(s).			
SUPERVISOR'S NAME:		SUPERVISOR'S FAX:	
SPECIAL NEEDS AND SELF IDENTIFICATION			
SPECIAL NEEDS	 □ Do you need translations? Which language? □ Any other needs: e.g. wheelchair access, sign language, etc. 		
	*		
SELF IDENTIFICATION	☐ First Nations, Inuit	t, Metis	Woman
	☐ Racially Visible		Youth
area and a second	☐ Person with a disa	ability	Gay, Lesbian, Bisexual, Transgender
COURSE ENVIRONMENT			
SMOKE FREE: All PSAC events, including this course, are smoke free			
SCENT-FREE: To assist members with environmental sensitivities, all courses will be scent free events.			