

PSAC NORTH REGION BASIC APPLICATION FORM

Please complete this form and return to:

PSAC Iqaluit Regional Office

Fax: 867-979-5517 or by Email: Iqaluit-Ro-Admin@psac-afpc.com

COURSE INFORMATION				
Course Name:				
Course Dates and Location:				
PERSONAL INFORMATION:				
Name:				
Address:				
City:	Territory:		Postal Code:	
Home Phone #:	Work Pho	ne #:	Other:	
Home E-mail:	Work E-m	ıail:		
Component:	Local:		PSAC/NEU ID #:	
Signature:				
EMPLOYMENT INFORMATION				
Employer:	ployer:		Position/Job Title:	
Hours of work:				
(i.e. Monday-Friday, 8:30	-5:00)			
Supervisor's Name:		Sup	Supervisor's Fax:	
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).				
ACCESS AND DIETARY NEEDS				
Do you need translations? which language?				
Do you have a disability?				
Any other needs: e.g. wheelchair access, sign language, etc.				
Do you have any dietary requirements or any allergies?				
SELF IDENTIFICATION				
	First Nations, Inuit, Metis		Woman	
	Racially Visible		Youth	
	Person with a disability		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.				