



**REGION 4 EDUCATIONAL
APPLICATION FORM – PAGE 1**

April 29-30, 2017

Delta Ottawa City Centre - 101 Lyon Street, Ottawa, ON K1R 5T9

Clear Signature of Local Executive Officer

OPSEU LOCAL # _____ EMPLOYER _____

NAME: (Brother/Sister) _____ OPSEU UNION # _____

E-MAIL ADDRESS

HOME ADDRESS

CITY _____ POSTAL CODE _____

TELEPHONE: HOME _____ WORK _____

COURSE SELECTION: 1 course is taken per educational weekend. You may request up to 3 courses, clearly ranking your choices as 1st, 2nd, 3rd.

- ____ Local Treasurers Course
- ____ Stewards 2: Facing the Employer, Building Member Involvement
- ____ Mental Health: Challenging the Stigma in the Workplace
- ____ Health and Safety: Level 2
- ____ Obligation D'accomoder: Un Outil Pour des Milieux de Travail Inclusifs

HOTEL ACCOMMODATION: If you require hotel accommodation, please book your reservation directly with the Delta Ottawa City Centre before Friday, March 31, 2017.

Reservations: [1-613-237-3600](tel:1-613-237-3600) **Booking ID:** [OPSEU](#)

Rates: Shared Room: \$89.50 +tax Single Room: \$179.00 +tax

If you wish to share a room with a Member of your choice, you must notify the Hotel upon reservation and provide the name of that Member. Members living further than 60 km from hotel are permitted to stay at hotel both Friday night.

Do you require time off from your regularly scheduled shift to attend: ___ No ___ Yes

Is a letter for time off required? ___ No ___ Yes (Please complete time off information form)

ESTIMATED TOTAL WAGE CLAIM \$ _____

Time off requests must be submitted at the time of application for the educational.

(PLEASE SEE ATTACHED WAGE CLAIM POLICY).

**** APPLICATION DEADLINE IS: [Friday, March 24, 2017](#) ****

Send your COMPLETED forms to the Ottawa Regional Office:

Email: ewarnes@opseu.org | Fax: 613-498-3088



**REGION 4 EDUCATIONAL
APPLICATION FORM – PAGE 2**

April 29-30, 2017

Delta Ottawa City Centre - 101 Lyon Street, Ottawa, ON K1R 5T9

NAME: _____

Please Print

OPSEU LOCAL #: _____

1. Executive Office presently held in your Local? _____

2. Executive Office(s) previously held in your Local? _____

3. Union activities to date: (campaigns, committees, handling grievances, health and safety, union office or relevant activity.) _____

4. Other OPSEU Local and/or Regional Educationals you have attended (include years)? _____

5. What do you plan to do with the skills you acquire in this Course? _____

OPSEU is committed to achieving equitable participation of designated group members in its education programs. Your indication of your designated group status on this application will assist us in assessing our progress in reaching this goal.

___ Aboriginal Worker

___ Francophone Worker

___ Racialized Worker

___ Young Worker

___ Woman Worker

___ LBTTIQ2S* Worker (*Lesbian, Gay,

___ Worker with a Disability

Bisexual, Transgender, Transsexual, Intersex, Queer, Questioning, Two-Spirited)

Recommendation of Staff Representative: _____

Signature

Recommendation/Comments of Local Officer: _____

Signature

Position

**** Please return this completed Application By: Friday, March 24, 2017****