



Union Leadership Development ULD 70 Unionism on Turtle Island April 27 – 30, 2010 Saskatoon

Name _____

Home Address _____

City/Town _____

Postal Code _____

Home Phone _____

Home E-mail _____

SGEU Local # _____

Bargaining Unit _____

Work Information

Workplace Name _____

City/Town _____

Work Phone _____

Work E-mail _____

I am a: (check all that describe you)

- Chief Steward
- Steward
- Bargaining Committee Member
- Provincial Council Member
- Sector/Local Executive Member
- Regional Council Executive Member
- Bargaining Council Member
- Other _____
(e.g. other committees - SFL, NUPGE, CLC, SGEU, Sector, Local; please specify)

SGEU elected officers, including stewards, are eligible to apply

What Union Leave do you require?

Please use inclusive dates and note that union leave is not required for days off.

Date(s) required _____
E.g. April 27, 28, 29 as April 30 is my EDO

Hours of work _____ **Total** _____
E.g. 8:00 a.m. to 5:00 p.m., total 8 hours; or shift worker 7:00 a.m. to 7:00 p.m., total 12 hours

For Office Use Only

Course # _____ Date ____ / ____ / ____

Status

- | | |
|------------------------------------|----------------------------------|
| <input type="radio"/> Accepted | <input type="radio"/> Complete |
| <input type="radio"/> Waiting List | <input type="radio"/> Incomplete |
| <input type="radio"/> Withdrew | <input type="radio"/> No show |

... over

I understand that if I'm selected to attend, I must be prepared to actively participate in the learning event (i.e., be involved in discussions, role plays, learning exercises, complete team and individual projects, and provide an evaluation of the training event).

- Yes No

I understand that I will be required to attend all sessions of the training event (including evening sessions) in order to be eligible for 100% of my allowed expenses. Written prior approval is required from the Education Officer if unforeseen circumstances arise before or during the school.

- Yes No

I will turn off my cell phone during all course activities.

- Yes No

I have the following special needs for which I am requesting support (e.g., dietary needs, wheel chair accessibility, child care, sleeping disorders, etc.):

Except for an unforeseen emergency, I know that I will be able to attend this school on the scheduled dates.

- Yes No

I agree to have my name, address, and phone numbers (home and work) published in a list mailed to other participants for the purpose of car-pooling:

- Yes No*

(*I understand that I am responsible for contacting my car-pool co-ordinator.)

Equity Representation—I'm a member of one or more designated equity groups. Check if applicable (this is a voluntary declaration):

- Woman Visible Minority
- Gay/Lesbian/Bi Aboriginal
- Disabled Youth (29 & under)

To book your accommodation, we need to know which of these describes you:

- Smoker Non-smoker
- Male Female

Signature of Applicant

Date

DEADLINE—Applications must be received by the Education Officer by March 19, 2010. Only COMPLETE application forms will be considered.

Applications can be mailed to: Education Officer, SGEU, 1440 Broadway Ave, Regina SK S4P 1E2, or faxed to: (306) 565-2240.

ENROLMENT IS LIMITED TO 16. APPLY EARLY!