**SFL/CLC Spring School 2019**

**May6th to 10t, 2019**

**Registration Deadline: March 25th, 2019 at 12 p.m.**



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| COURSES OFFERED: DOMESTIC VIOLENCE AT WORKHEALTH & SAFETY ACTIVISM AND YOUR MENTAL & PHYSICAL HEALTHMEMBER ENGAGEMENT - MEMBER ACTIONUNIONISM ON TURTLE ISLANDPRE-RETIREMENT PLANNING "WHAT ARE YOU DOING AFTER WORK?'FACING MANAGEMENT EFFECTIVELYPlease complete the following: (one form per participant) \*\*We do not accept email applications\*\* |
| **Name:**  | ☐Brother☐Sister ☐They ☐Indigenous☐Worker of Colour☐LGBTQ☐Differently Abled |
| **Address:** | **Postal Code:** |
| **Phone #:** | **Email:** |
| **Work Schedule: (i.e. location, shift, start and finish time and days off)**☐Full-time ☐Part-time ☐Temp  | ☐Urban ☐RSMC☐PSBU  |
| **Course applying for:** 1stChoice: | 2nd Choice: |
| **Emergency contact name:** | **Phone #** |
| **Accommodation and Transportation** |
| All accommodations are guaranteed. It is the responsibility of the participant to notify the Local Office of any cancellation **24 hours prior to accommodation has been reserved (March 31)**. Failure to inform the Local Office will result in a “no show” room charge which will be submitted to the participant for payment.All meals are included with your accommodation. \****Please include and dietary restrictions below so we may inform the hotel in advance\*******\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| **Important: Please print name as appears on ID for airline ticket purposes:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\*All flight cancellation costs will be billed to the participant** |
| **\*Please attach your 300 word essay with this application.** ***Note: Applications received without out the essay will not be accepted*****All applications must be approved by your Local Executive and the registration form must be signed by the Local President or designate.** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature of Local President** | ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*****Signature of Applicant** |

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