



## COURSE REGISTRATION FORM<sup>1</sup>

Course applied for:

*(Select from " Course Descriptions")*

Course location:

*(Community)*

Course date(s):

Name of applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
*(Community/town/city)*

\_\_\_\_\_  
*(Postal code)*

Telephone: \_\_\_\_\_

*(Home)*

\_\_\_\_\_  
*(Work)*

Fax: \_\_\_\_\_

E.Mail address: \_\_\_\_\_

Local: \_\_\_\_\_ UNW ID number: \_\_\_\_\_ PSAC ID number: \_\_\_\_\_

Employer: \_\_\_\_\_ Dept \_\_\_\_\_

Your job title: \_\_\_\_\_ Hours of Work: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Fax number \_\_\_\_\_

HR Manager's name: \_\_\_\_\_ Fax number: \_\_\_\_\_

Have you been granted union leave by your employer to attend this course? Yes No

**NOTE: Before attending UNW courses, you should be granted union leave by your employer. Also, if you are a shift-worker, attach a copy of your official schedule which shows that you are scheduled to work on the above course dates.**

<sup>1</sup> Adapted from PSAC Basic Course Application Form

**To help us best meet your learning needs, please answer the questions below:**

Have you participated in a union course/seminar/workshop or other educational event before?

- No, I haven't
- Yes, I attended a \_\_\_\_\_ course/seminar/workshop during (*year*) \_\_\_\_\_

Why do you want to attend this course?

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What do you expect to learn from this course?

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How will this course help you in your role as a UNW member/representative?

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What special needs do you have to help you attend or participate fully during the course?

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What factor(s) might stop you from attending/fully participating during the course?

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Please write any other information/comments you have related to your learning needs:

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## Self Identification

**In accordance with the PSAC Human Rights Policy, the UNW is committed to ensure that all UNW education and training programs are accessible to every union member. The information requested below is voluntary. By completing it, however, you will assist the UNW assess our success in reaching members who belong to the groups identified in the PSAC Human Rights Policy.**

**All information will be kept confidential.**

Are you an Equity Group Member:

Yes

No

Are you an Aboriginal/Inuit/Metis person?

Yes

No

Are you racially visible?  Yes  No

Please indicate which group you identify with: \_\_\_\_\_

Are you a person with any persistent/permanent physical, mental, psychiatric, learning or sensory impairments?  Yes  No

Are you gay or lesbian, bisexual or trans-gendered?  Yes

No

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ 201\_\_

**Thank you. Please sign, date and return this completed application to:**

**Attention:** [Chaka. Rukobo](#)

Union of Northern Workers

Suite 200

5112 - 52<sup>nd</sup> Street

Yellowknife, NT

X1A 1T6

Phone: (867) 873 - 5668 ext 233

Toll Free: 1 (877) 906 - 4447 ext 233

Fax: (867) 920 - 4448

E-mail: [eso@unw.ca](mailto:eso@unw.ca) or [hq@unw.ca](mailto:hq@unw.ca)

Website: [www.unw.ca](http://www.unw.ca)