



## OPSEU Disability Rights Caucus Application

Name: \_\_\_\_\_ Local Number: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Union Position (if applicable): \_\_\_\_\_

\_\_\_\_\_

OPSEU Disability Rights Caucus – designated applicant # \_\_\_\_\_  
(# to be assigned by Equity Unit)

Please forward completed application form to  
Libby Zeleke in the Equity Unit (e-mail to  
lzeleke@opseu.org or fax to 416-448-7419) no later than  
5:00 PM on July 30, 2016.

**Please circle your OPSEU region: 1 2 3 4 5 6 7**

**How would you describe your disability?**

- Visible
- Non-Evident/Non-Visible

**Please check what most accurately describes the nature of your disability/disabilities:**

- Physical disability
- Learning disability
- Mental Health Disability/Illness
- Injury or disability as a result of an accident or incident

**Please indicate whether you belong to any of the following equity-seeking groups:**

- Aboriginal workers
- Francophone workers
- LGBTTIQQ2S workers
- Racialized workers
- Woman workers
- Young workers

**What is your understanding of the work of the Disability Rights Caucus?**

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**Please list your past and current union activities:**

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**Please list your past and current community activities:**

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**What issues do you hope to bring to the Caucus that you have identified as barriers that prohibit the full participation of persons with disabilities within OPSEU and the broader society?**

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