



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 applications to the attention of Marg Smoke at msmoke@opseu.org (with the subject line: "DRC Application") or fax to 416-448-7419 no later than 4:00 p.m. on Friday, October 20, 2017.

OPSEU DISABILITY RIGHTS CAUCUS DESIGNATED APPLICANT # _____
(# to be assigned by Equity Unit)

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?

OPSEU DISABILITY RIGHTS CAUCUS DESIGNATED APPLICANT # _____
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Please list your past and current union activities:

Please list your past and current community activities:

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?
