



APPLICATION FORM - PAGE 1 of 2
REGION 4 WEEK-LONG EDUCATIONAL: THE ARBITRATION PROCESS
 October 21-25, 2024
 Kingston Membership Centre | 824 John Counter Blvd, Kingston, ON K7K 2R1

MEMBER INFORMATION:

OPSEU/SEFPO LOCAL # _____ EMPLOYER _____

NAME _____ OPSEU/SEFPO UNION # _____

E-MAIL ADDRESS _____

HOME ADDRESS _____

TELEPHONE (HOME) _____ (CELL) _____

SELF-IDENTIFICATION (OPTIONAL):

OPSEU/SEFPO is committed to achieving equitable participation of designated group members in its education programs. Your indication of your designated group status on this application will assist us in assessing our progress in reaching this goal.

- Indigenous Worker
- Racialized Worker
- Woman Worker
- Worker with a Disability
- Francophone Worker
- Young Worker
- LGBTTIQQ2S* Worker

UNION ACTIVITY:

1. Executive Office presently held in your Local? _____
2. Executive Office(s) previously held in your Local? _____
3. Grievance handling experience:

4. Grievance handling courses attended:

Please submit completed application to region4@opseu.org by Monday, September 23rd, 2024.



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TIME OFF:

Do you require time off from your **regularly scheduled** shift: **Yes** _____ **No** _____

If YES, you must complete the following information in FULL:

Estimated Total Wage Claim: \$ _____

Date(s) & Times of shift(s): _____

Employer Name (& Ministry if applicable): _____

Unit/Branch/Division: _____

Employer Contact Name: _____

Employer Contact Title: _____

Employer Contact Address: _____

Employer Contact E-mail Address: _____

Please note: In order for wages to be covered, the request must be made on this form at the time of registration. Wages will be paid according to policy (see attached).

CHILDCARE:

Do you require childcare at the Hotel: **Yes** _____ **No** _____

If YES, you must complete a Childcare Registration Form and return it with this application.

HUMAN RIGHTS ACCOMMODATION:

Do you require an accommodation: **Yes** _____ **No** _____

If YES, you must complete a Human Rights Accommodation Request Form and email it to equity@opseu.org.

DIETARY RESTRICTIONS:

Do you have any dietary restrictions: **Yes** _____ **No** _____

If YES, please indicate: _____

APPROVAL/RECOMMENDATIONS:

Recommendation of Local Officer (required): _____

 Signature of Local Officer

 LEC Position

Recommendation of Staff Representative: _____

 Signature of Staff Representative