



# APPLICATION FORM

2015 B.C. Regional Health and Safety  
Conference

November 14-15, 2015

Sheraton Richmond Airport Inn

**When Crazy Stuff  
Happens/Are we really  
Safe at Work?**

*Deadline for receipt of application is: October 7, 2015*

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NAME: \_\_\_\_\_  
(Surname) \*PLEASE PRINT\* (First Name)

ADDRESS: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

POSTAL CODE: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(Work) (Home)

E-MAIL - Work: \_\_\_\_\_

E-MAIL – Home: \_\_\_\_\_

LOCAL: \_\_\_\_\_ COMPONENT: \_\_\_\_\_  
(Where Applicable)

PSAC ID Number: \_\_\_\_\_

How long have you been a PSAC member? \_\_\_\_\_ Years

**UNION ACTIVITIES:**

Have you attended past Union Health and Safety Conferences?

National H&S Conferences: Yes  No

Regional H&S Conference: Yes  No

If Yes, which ones? \_\_\_\_\_

\_\_\_\_\_

How did you hear about this Health and Safety Conference? \_\_\_\_\_

\_\_\_\_\_

Describe any other involvement in union activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TRAINING:**

Have you had any PSAC Health and Safety training in the past? Yes  No

Are you a member of your Workplace H&S Committee? Yes  No

Are you a Co-Chair of your Workplace H&S Committee? Yes  No

Are you a member of the BRUSH? Yes  No

Have you taken any H&S Training from sources other than the PSAC?

Yes  No

If Yes, please list: \_\_\_\_\_

\_\_\_\_\_

**HEALTH AND SAFETY ISSUES:**

Do you have or are you aware of any Health and Safety issues in your Workplace?

Yes  No

If Yes, please list: \_\_\_\_\_

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What has motivated you to become involved in Health and Safety?

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Briefly explain why you would like to attend the PSAC BC Regional H&S Conference and what you would like to gain from it.

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How can you become more involved in representing your local on Health and Safety related issues?

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**WRITTEN SUBMISSION:**

Please provide a brief submission outlining how your attendance at this H&S Conference would further the Unions involvement in H&S at your workplace? **(In 150 words or less)**

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**Workshops:**

Please state, in order of preference, which workshops you would like to participate in during the conference. You will be assigned to one workshop during the conference and we will make every effort to place participants in the workshops of their choice.

	Stated Preference
Violence Prevention and Bullying Awareness	_____
Hazard Prevention Program	_____
Disability Insurance	_____
Mental Health Awareness – Stay at Work	_____

# **Please take a moment and Have Your Say**

1. What are the top priorities presently being handled by your Joint Workplace Health and Safety Committee?

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2. What are some of the challenges/barriers you face as a union representative on the Workplace Health and Safety Committee?

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3. If there was one thing you would hope to come out of this Conference, what would it be?

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4. Do you have any specific Health and Safety questions or concerns that you or your committee would like to have addressed or answered by PSAC Health and Safety Officers?

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**WAGES:**

We encourage members applying for this Health & Safety Conference to request leave with pay, given the joint nature of union-management responsibilities in this area.

I will be applying for leave with pay: Yes  No

If your leave with pay request is denied, please apply for leave without pay for union business and we will cover your loss of salary.

**Travel:**

More than 60 km from the conference location Yes  No

*If you require a travel advance for expenses (including loss of salary) associated with this conference, please indicate.*

Yes  No

**FINANCIAL COSTS:**

Registration Fee is \$50.00

**Registration Fee must be paid prior to the start of the Conference. Please make cheque payable to the PUBLIC SERVICE ALLIANCE OF CANADA.**

Mail payment to:

**PSAC BC  
#200 - 5238 Joyce St  
Vancouver BC  
V5R 6C9**

**FAMILY CARE:**

Will you be claiming reimbursement for Family Care?

Yes  No

If yes, please identify:

Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

**ACKNOWLEDGEMENT:**

APPLICANT: With this application, I agree that, if selected, I will attend and participate in all sessions of the Health and Safety Conference. I have read the Alliance documents on human rights, harassment and scent free policies provided by my local and understand my responsibilities in accordance with them.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date of Application)

If you have any questions about the Health and Safety Conference, please call the PSAC Victoria Regional Office 250-953-1050 or toll free at 1-866-953-1050.

We are particularly interested in hearing from members who are not applying because of barriers to attendance (e.g., scheduling conflict; cannot obtain leave from employer; etc.).

**ACCESS:**

It is important that this section be completed in order that we may accommodate your special needs.

Do you have any special requirements? (eg., special diet, wheelchair access, sign language, documents in alternate formats, etc.)

If Yes, please specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**Please ensure your completed application form  
is received in the Vancouver Regional Office  
no later than October 7, 2015.**

**\*\*\* FAX YOUR COMPLETED APPLICATION TO 1-604-430-0451\*\*\*  
or by Mail to  
BC PSAC H&S Conference  
#200 - 5238 Joyce St  
Vancouver, BC V5R 6C9**

**SELF IDENTIFICATION (OPTIONAL)**

The Alliance is committed to ensure that PSAC education programs are accessible to all members. The information requested in this section will help us assess our success in reaching members who belong to groups identified in the PSAC Human Rights Policy.

**ALL INFORMATION WILL BE KEPT CONFIDENTIAL**

**ABORIGINAL** Are you a First Nations, Métis, or Inuit Person? Yes  No

**RACIALLY VISIBLE** Are you, by virtue of your race or colour, in a racially visible minority in Canada? Yes  No

If yes, and you wish to identify with a specific racially visible group, please indicate.

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**DISABILITIES** Do you have any persistent or permanent physical, mental, psychiatric, learning or sensory impairments, as recognized under the Canadian Human Rights Act? Yes  No

**SEXUAL ORIENTATION** Are you gay, lesbian, bisexual or transgender? Yes  No

**GENDER** Woman  Man

**YOUTH** Are you under the age of 30? Yes  No

If yes, what is your date of birth? \_\_\_\_\_

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This form can be made available in various formats, including Braille, English, French, and on disk in English and French. Contact your PSAC Regional Office for more information.