

COURSE NAME	DATE	DEADLINE
Introduction to Ergonomics	Sept 23-28	Aug 17
Toxic Substances in the Workplace	Sept 23-28	Aug 17
*** On-site childcare available this week *** On-site childcare requires separate childcare forms for each child and <u>must be submitted with your student application form.</u>	Sept 30-Oct 5	Aug 24
Human Rights	Sept 30-Oct 5	Aug 24
Women In Leadership *must already have Women Activists	Sept 30-Oct 5	Aug 24
Women, Power & Political Action *must already have Women Activists; Pride Activist; Youth Activist; or Aboriginal, Worker of Colour	Sept 30-Oct 5	Aug 24
Young Worker Activist *age 35 and younger	Sept 30-Oct 5	Aug 24
Aboriginal & Workers of Colour Week 1: Note this is a 2-week course	Oct 14-19	Sept 7
Human Rights	Oct 14-19	Sept 7
Toxic Substances in the Workplace	Oct 14-19	Sept 7
Unifor Foundations	Oct 14-19	Sept 7
Collective Bargaining	Oct 21-26	Sept 14
Grievance Handling & Workplace Leadership	Oct 21-26	Sept 14
Stress: The Workplace Hazard	Oct 21-26	Sept 14
Accident & Incident Investigation	Oct 28-Nov 2	Sept 21
Climate Change & Our Jobs	Oct 28-Nov 2	Sept 21
Conflict Resolution Level 1	Oct 28-Nov 2	Sept 21
Health & Safety	Oct 28-Nov 2	Sept 21
Introduction to Ergonomics	Oct 28-Nov 2	Sept 21
Aboriginal & Workers of Colour Week 2 *must have Week 1	Nov 4-9	Sept 28
Conflict Resolution Level 2 *must have Level 1	Nov 4-9	Sept 28
Environment - Community **NEW**	Nov 4-9	Sept 28
Grievance Handling & Workplace Leadership	Nov 4-9	Sept 28
Human Rights	Nov 4-9	Sept 28
Introduction to Ergonomics	Nov 4-9	Sept 28

Collective Bargaining	Nov 18-23	Oct 12
Health & Safety	Nov 18-23	Oct 12
Time Study Easing the Pace of Work	Nov 18-23	Oct 12
Accident & Incident Investigation	Nov 25-30	Oct 19
Conflict Resolution Level 1	Nov 25-30	Oct 19
Stress the Workplace Hazard	Nov 25-30	Oct 19
Turtle Island	Nov 25-30	Oct 19
Union Communications	Nov 25-30	Oct 19
Grievance Handling & Workplace Leadership	Dec 2-7	Oct 26
Harassment Investigation *must have Human Rights	Dec 2-7	Oct 26
Human Rights	Dec 2-7	Oct 26
Toxic Substances in the Workplace	Dec 2-7	Oct 26
Compensation (WSIB) for Ontario Workers Level 1 **NEW**	Dec 2-7	Oct 26
Climate Change & Our Jobs	Dec 9-14	Nov 2
Conflict Resolution Level 2 *must have Level 1	Dec 9-14	Nov 2
Collective Bargaining	Dec 9-14	Nov 2
Health & Safety	Dec 9-14	Nov 2
Time Study Easing the Pace of Work	Dec 9-14	Nov 2

All course descriptions are at

<http://www.unifor.org/en/member-services/education/programs>



Revised July 30, 2018

ec/unifor1136

ALL INFORMATION NEEDS TO BE COMPLETED

Port Elgin Education STUDENT FORM 115 Shipley Ave. Port Elgin ON N0H 2C5	50/50 Funding? YES	H&S Training Fund? YES	Course: _____
	Phone: 1-800-265-3735	Fax: 519-389-3845	Course Date: _____

SIN: (For Payroll & Expenses) _____ Local **222** Unit # _____

First Name _____ Employer _____

Last Name _____ Employee Clock # _____ Dept. _____

Address _____ Phone (Home) (_____) _____

City _____ Phone (Cell) (_____) _____

Province _____ Email (Print clearly) _____

Postal Code _____ Date of Birth (mm/dd/yy) ____/____/____

Smoker Yes _____ No _____ Gender _____

(Unifor Family Education Centre is a completely smoke-free facility. This question is only to assist in assigning a roommate.)

Special requirements: i.e. handicapped room, diet, medical, etc. Yes _____ No _____

If so, what? _____ Emergency Contact _____

Emergency Phone (_____) _____ Roommate Request: _____

ARE YOU ABORIGINAL OR PERSON OF COLOUR? YES _____ NO _____ As part of our Union's commitment to ensure we better reflect the diversity of our membership at all levels within the Union, we ask that you answer the above question so we can track participation.

IF ON SALARY CONTINUATION MARK AN "X" IN PAYROLL SECTION

(if you are being paid by the employer this week)

ARE YOU A: FULL TIME WORKER? _____ OR PART TIME WORKER? _____

\$ _____ + \$ _____ = \$ _____
 Current Wage Rate COLA Total Hourly Rate As of Date

\$ _____ \$ _____ = \$ _____
 Aft. Shift Rate Night Shift Rate Other Hours per pay period

*If vacation pay is included in your regular pay (as per your collective agreement), enter percentage here _____%

Skilled Trades? Yes _____

Expected Rate Change (when) _____ How much? _____

Applicant signature	Date Completed
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Local Union Verification

Signature:

Print Name: Title:

APPLICANTS CANNOT APPROVE THEIR OWN PAYROLL/EXPENSE FORM, MUST BE SIGNED BY THE PRESIDENT, FINANCIAL SECRETARY OR CHAIRPERSON OTHER THAN ONESELF.
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UNIFOR

CHILD CARE SERVICES REGISTRATION FORM

Unifor Family Education Centre 115 Shipley Avenue, R.R. # 1, Port Elgin, Ontario NOH 2C5
Telephone: (519) 389-3233 Facsimile: (519) 389-3544 E-mail: fecchildcare@unifor.org

Program Name: _____ . Date: _____ .

CHILD INFORMATION

Child's Name: _____ .

Full Name

Address: _____ .

Street & Number

City

Province

Postal Code

Gender: _____ . Birthday: _____ .

(day / month / year)

Principal Home Language: _____ .

Name(s) of people to whom the child may be released: _____ .

PARENT INFORMATION

Name of Parent/Guardian: _____ Local # (i.e. L. 222): _____

Address (If different than above): _____ .

Street & Number

City/Town

Province

Postal Code

Home Phone: _____ . Work Phone: _____ .

Cell Phone: _____ . E-Mail Address: _____ .

MEDICAL INFORMATION

Child's Health Card Number and Initials: _____

Is your child receiving any medication on an ongoing basis? If yes describe what medication is for and times that it is to be taken: _____ .

Yes: _____ . No: _____ .

Does your child suffer from any medical conditions such as allergies, asthma and disease? If "yes", please list and explain in detail the medical condition: _____ .

Does your child have any dietary restrictions? If yes please list/explain: Yes: _____. No: _____.

Does your child have any special needs such as but not limited to ADD, ADHD, Autism, Asperger Syndrome, Cerebral Palsy? If "yes", please list and explain in detail the special need:

Does your child have any behavioural issues/concerns that we need to be aware of in order to maintain his/her safety and the safety of the other children? If "yes", please list and explain in detail the behavioural issues/concerns:

Is your child physically able to take part in all program activities? Yes: _____. No: _____.
If no, please list restrictions: _____

CONSENTS

Do you grant permission for your son/daughter/ward to participate on short supervised walks or excursions within a 2 km. radius from Unifor Child Care facility in Port Elgin or the city that the program is taking place in?
Yes: _____. No: _____.
In the case of a medical emergency, every effort will be made to contact the child's parent(s) or guardian(s):

A. In the event of a medical emergency do you hereby grant permission for the staff of Unifor Child Care Services who are trained in emergency first aid and CPR to attend to your child?
Yes: _____. No: _____.
B. In the event that you cannot be reached, do you hereby grant permission for a physician/hospital, as selected by the Unifor Child Care Service to hospitalize and/or secure proper treatment for your child?

Yes: _____. No: _____.
The Unifor Child Care Service is a high profile program, do you hereby grant permission for your son/daughter/ward to be video taped or photographed by public media or Unifor Public Relations?
Yes: _____. No: _____.

Signature of Parent/Guardian

Date