

COURSE NAME	DATE	DEADLINE
Collective Bargaining	Feb 25-Mar 2	Jan 19
Conflict Resolution Level 1	Feb 25-Mar 2	Jan 19
Grievance Handling & Workplace Leadership	Feb 25-Mar 2	Jan 19
Stress: The Workplace Hazard	Feb 25-Mar 2	Jan 19
WSIB I & II	Feb 25-Mar 2	Jan 19
Aboriginal & Workers of Colour Week 1: <i>Note this is a 2 week course</i>	Mar 4-9	Jan 26
Accident & Incident Investigation	Mar 4-9	Jan 26
Health & Safety	Mar 4-9	Jan 26
Human Rights	Mar 4-9	Jan 26
Unifor Foundations I (Labour & Social Justice Certificate Program)	Mar 4-9	Jan 26
<i>**On-site childcare 0-12 years &amp; teen program 13-16 years this week</i>	March 11-16	Feb 2
Health & Safety Women **	March 11-16	Feb 2
Women Activists **	March 11-16	Feb 2
Women In Leadership ** – must already have Women Activists	March 11-16	Feb 2
Women's Power & Political Action ** – must already have one-week Women Activists; Aboriginal, Worker of Colour program or the 4-week PEL	March 11-16	Feb 2
Collective Bargaining – 4-day program (ends Thursday)	Mar 25-29	Feb 16
Grievance Handling & Workplace Leadership – 4-day program (ends Thursday)	Mar 25-29	Feb 16
Harassment Investigation – must have Human Rights 4-day program (ends Thursday)	Mar 25-29	Feb 16
Health & Safety – 4-day program (ends Thursday)	Mar 25-29	Feb 16
Human Rights – 4-day program (ends Thursday)	Mar 25-29	Feb 16
Collective Bargaining	Apr 15-20	Mar 9
Conflict Resolution Level 1	Apr 15-20	Mar 9
Grievance Handling & Workplace Leadership	Apr 15-20	Mar 9
Health & Safety	Apr 15-20	Mar 9
Human Rights	Apr 15-20	Mar 9
Introduction to Ergonomics	Apr 15-20	Mar 9

Aboriginal & Workers of Colour Week 2: Must have Week 1	Apr 22-27	Mar 16
Harassment Investigation – must have Human Rights	Apr 22-27	Mar 16
Toxic Substances In The Workplace	Apr 22-27	Mar 16
Accident & Incident Investigation	Apr 29-May 4	Mar 23
Climate Change & Our Jobs	Apr 29-May 4	Mar 23
Stress: The Workplace Hazard	Apr 29-May 4	Mar 23
Union Communications	Apr 29-May 4	Mar 23
WSIB Appeals – must have WSIB I & II	Apr 29-May 4	Mar 23
Aboriginal & Workers of Colour Week 1	May 6-11	Mar 30
Collective Bargaining	May 6-11	Mar 30
Conflict Resolution Level 2 *must have Level 1	May 6-11	Mar 30
Harassment Investigation – must have Human Rights	May 6-11	Mar 30
Conflict Resolution Level 1	May 13-18	Apr 16
Grievance Handling & Workplace Leadership	May 13-18	Apr 16
Health & Safety	May 13-18	Apr 16
Human Rights	May 13-18	Apr 16
WSIB RTW – must have WSIB I&II and/or WSIB Appeals	May 13-18	Apr 16
Collective Bargaining	June 3-8	Apr 27
Conflict Resolution Level 1	June 3-8	Apr 27
Grievance Handling & Workplace Leadership	June 3-8	Apr 27
Health & Safety	June 3-8	Apr 27
Human Rights (ASL interpretation available for this program)	June 3-8	Apr 27
Aboriginal & Workers of Colour Week 2: Must have Week 1	June 10-15	May 4
Environment - Community	June 10-15	May 4
Harassment Investigation – must have Human Rights	June 10-15	May 4
Pride Activists	June 10-15	May 4
Time Study: Easing The Pace Of Work	June 10-15	May 4
Toxic Substances in the Workplace	June 10-15	May 4
Union Communications	June 10-15	May 4

Climate Change & Our Jobs	June 24-29	May 18
Collective Bargaining	June 24-29	May 18
Grievance Handling & Workplace Leadership	June 24-29	May 18
Human Rights	June 24-29	May 18
Stress: The Workplace Hazard	June 24-29	May 18

**\*\*On-site childcare for March Break requires separate childcare forms for each child and must be submitted with your student application form.**

All course descriptions are at  
<http://www.unifor.org/en/member-services/education/programs>



Revised Dec. 13, 2017

ec/unifor1136

**ALL INFORMATION NEEDS TO BE COMPLETED**

<b>Port Elgin Education</b> <b>STUDENT FORM</b> 115 Shipley Ave. Port Elgin ON N0H 2C5	50/50 Funding? <b>YES</b>	H&S Training Fund? <b>YES</b>	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: \_\_\_\_\_

\_\_\_\_\_

<b>ARE YOU ABORIGINAL OR PERSON OF COLOUR? YES _____ NO _____</b> 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.
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**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? \_\_\_\_\_

<b>Applicant signature</b>	<b>Date Completed</b>
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Local Union Verification

Signature: .....

Print Name: ..... Title: .....

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