

COURSE NAME	DATE	DEADLINE
Compensation for Ontario Workers Level 1 (WSIB)	Feb 24-Mar 1	Jan 18
Conflict Resolution Level 1	Feb 24-Mar 1	Jan 18
Grievance Handling & Workplace Leadership	Feb 24-Mar 1	Jan 18
Harassment Investigation – <i>must have Human Rights</i>	Feb 24-Mar 1	Jan 18
Toxic Substances	Feb 24-Mar 1	Jan 18
Unifor Foundations	Feb 24-Mar 1	Jan 18
Accident & Incident Investigation	March 3-8	Jan 25
Collective Bargaining	March 3-8	Jan 25
Health & Safety	March 3-8	Jan 25
Stress: The Workplace Hazard	March 3-8	Jan 25
<i>On Site Childcare this week ages 0 to 12 – Teen Program ages 13-16</i>		
Women Activists	March 10-15	Feb 1
Women In Leadership – <i>must already have Women Activist</i>	March 10-15	Feb 1
Human Rights	March 10-15	Feb 1
Aboriginal & Workers of Colour Week 1: <i>Note this is a 2 week course</i>	March 17-22	Feb 8
Collective Bargaining	March 17-22	Feb 8
Introduction to Ergonomics	March 17-22	Feb 8
Time Study: Easing The Pace Of Work	March 17-22	Feb 8
Conflict Resolution Level 1	March 24-29	Feb 15
Community Environment	March 24-29	Feb 15
Grievance Handling & Workplace Leadership	March 24-29	Feb 15
<i>On Site Childcare this week ages 0 to 12 – Teen Program ages 13-16</i>		
Harassment Investigation – <i>must have Human Rights</i>	Mar 31-Apr 5	Feb 22
Health & Safety	Mar 31-Apr 5	Feb 22
Stress: The Workplace Hazard	Mar 31-Apr 5	Feb 22

<b>*Special Note*</b>		
<b>April 14-17 courses run Sunday to Wednesday</b>		
<b>Members to return to work on Thursday before Good Friday*</b>		
*3-Day Collective Bargaining	Apr 14-17	Mar 8
*3 Day Health & Safety - Beyond the Basics	Apr 14-17	Mar 8
Aboriginal & Workers of Colour Week 2: Must have Week 1	Apr 28-May 3	Mar 22
Collective Bargaining	Apr 28-May 3	Mar 22
Harassment Investigation – <i>must have Human Rights</i>	Apr 28-May 3	Mar 22
Human Rights	Apr 28-May 3	Mar 22
Conflict Resolution Level 1	May 5-10	Mar 29
Grievance Handling & Workplace Leadership	May 5-10	Mar 29
Pride Activist	May 5-10	Mar 29
<i>On Site Childcare this week ages 0 to 12</i>		
Aboriginal & Workers of Colour Week 1– <i>Note this is a 2 week course</i>	May 12-17	Apr 5
Harassment Investigation – <i>must have Human Rights</i>	May 12-17	Apr 5
Health & Safety	May 12-17	Apr 5
Toxic Substances	May 12-17	Apr 5
Unifor Foundations	May 12-17	Apr 5
Collective Bargaining	May 26-31	Apr 15
Human Rights	May 26-31	Apr 15
Introduction to Ergonomics	May 26-31	Apr 15
Stress: The Workplace Hazard	May 26-31	Apr 15
<i>On Site Childcare this week ages 0 to 12</i>		
Canada and the World <i>New Course</i>	June 2-7	May 3
Conflict Resolution Level 1	June 2-7	May 3
Grievance Handling & Workplace Leadership	June 2-7	May 3
WSIB Appeals– <i>must have WSIB I&amp;I or Compensation for ON Workers 1</i>	June 2-7	May 3

Aboriginal & Workers of Colour Week 2 – <i>must have Week 1</i>	June 16-21	May 10
Accident & Incident Investigation	June 16-21	May 10
Climate Change & Our Jobs	June 16-21	May 10
Conflict Resolution Level 2 – <i>must have Conflict Resolution Level 1</i>	June 16-21	May 10
Health & Safety	June 16-21	May 10
Stress: The Workplace Hazard	June 16-21	May 10
Collective Bargaining	June 23-28	May 24
Conflict Resolution Level 1	June 23-28	May 24
Harassment Investigation – <i>must have Human Rights</i>	June 23-28	May 24
Human Rights	June 23-28	May 24
Introduction to Ergonomics	June 23-28	May 24
Toxic Substances	June 23-28	May 24
Turtle Island	June 23-28	May 24
Collective Bargaining	Aug 11-16	July 5
Grievance Handling & Workplace Leadership	Aug 11-16	July 5

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

All course descriptions are at  
[www.unifor.org/education/programs](http://www.unifor.org/education/programs)



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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: \_\_\_\_\_

<p><b>ARE YOU ABORIGINAL OR PERSON OF COLOUR? YES _____ NO _____</b></p> <p>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.</p>
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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: .....

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