

* DUE @ UNION HALL BY MARCH 17th, 2017 *

2017 Family Education Program Application Form



REGISTRATION DEADLINE: FRIDAY, MARCH 31ST, 2017¹

--- PLEASE PRINT CLEARLY ---

Member's Name: _____
First Name Last Name

Male
 Female

Local Union No. _____ Lodge # (if applicable): _____

Employed at: _____

Please provide the **LAST 6 DIGITS** of your Social Insurance No.: _____
(This is required for tracking attendance of past participants.)

Complete mailing address: _____
(Apt. #, house number, street name, P.O. Box, R.R. #)

City: _____ Province: _____ Postal Code: _____

E-mail: _____

Home Phone #: (_____) _____ Cell Phone #: (_____) _____

Have you or your spouse/partner previously attended the Family Education Program as a member of **ANY** Unifor Local? Yes No

If yes, what year did you attend? _____

****PLEASE NOTE:** You are **NOT ELIGIBLE** to attend the Family Education Program if you have attended within the last 10 years.

Will your spouse/partner accompany you? Yes No

If yes, provide First & Last Name: _____

1 Pour obtenir un formulaire à remplir et connaître la date limite d'inscription en vue du Programme familial francophone, veuillez contacter le Service de l'éducation d'Unifor-Québec, à Montréal, à educationquebec@unifor.org.

Will dependent children attend the program with you? If so, please provide their information below.

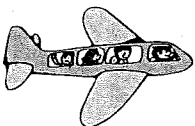
PLEASE NOTE: Your dependent children (up to and including the age of 18) may accompany you. *This DOES NOT include nieces, nephews, grandchildren, etc.* Bring proof of health coverage for emergency medical.

First & Last Name	Date of Birth (Month / Day / Year)	Gender

Do you, or anyone in your family, have special needs/requirements we should be aware of (including, but not limited to: wheelchair access, food allergies, learning disabilities, hearing/vision impairment, ADHD, Autism, behavioural issues, etc.)? When completing this section, be sure to note the family member you are referring to. Our ability to accommodate is based on the information you provide to us. Please provide complete details so we can be prepared so that you and your family can enjoy the program.

Listed below are the dates of each program scheduled for this summer. Indicate your first choice by placing a "1" in the appropriate box. If you have a 2nd choice, and are available and able to attend the alternate session, place a "2" in the box provided. *IF IT'S NOT POSSIBLE TO ATTEND AN ALTERNATE SESSION DUE TO WORK VACATION SCHEDULE, DO NOT NOTE A 2ND CHOICE.*

- SESSION #1 - Sunday, July 30th through Sunday, August 6th *inclusive*
- SESSION #2 - Sunday, August 6th through Sunday, August 13th *inclusive*
(Sign language interpretation available during Session 2. *If sign language is required please note in the space above, and advise who in the family requires it.*)



If your trip involves air travel, please specify the city from which you would like your initial flight to originate: _____

Please read and check off the important information below, and sign that you have read and understood the following:

- Each participant must contribute *their* time (vacation, personal leave, etc.) **NO LOST TIME, MILEAGE OR PER DIEM WILL BE PAID.**
- Plane tickets will be provided by the National Union if you are travelling more than 500 km one way.
- Your application must be signed by your Local Union PRESIDENT or FINANCIAL SECRETARY, to verify you are a member in good standing, and therefore eligible to attend the program.
- Participation in class is **mandatory** for **ALL** family members - including infants and children.
- Unifor will provide, free of charge, food and lodging to each participant (and their family members) during your stay at the Education Centre.

I have read and understood the above:

Signature of Applicant: _____

Date of Application: _____

Note to Local Union President/Financial Secretary:

All members are eligible to attend the Family Education Program, providing they are Members in Good Standing. Paid Education Leave (PEL) is not required to attend this program as no lost time is paid, and members contribute their own time to attend (vacation, personal leave, etc.). Your Local will not be billed for any costs as a result of this applicant attending the Family Education Program.

I certify the Applicant to be a member in good standing.

(PLEASE PRINT)

(SIGNATURE)

President Financial Secretary

Date: _____

Applications should be returned by mail to Michelle Barrett, Unifor Education Department, 205 Placer Court, Toronto, Ontario, M2H 3H9, or by fax to 416-495-6554, or by e-mail to education@unifor.org BEFORE FRIDAY, MARCH 31ST, 2017.

Selection of applicants will take approximately four weeks AFTER the deadline date. All applicants will be advised in writing of the disposition of their application. Questions can be directed to Michelle at education@unifor.org or 1-800-268-5763, extension 8484.