

REGISTRATION FORM

OCCUPATIONAL HEALTH AND SAFETY COURSE

Please send your form by email or fax to :

BureauRegionalMontreal@psac-afpc.com Fax: 514 875-8399

PSAC - Montreal Regional Office, 5800 Saint-Denis St, suite 1104, Montreal (Quebec) H2S

3L5 Telephone : 514 875-7100 Toll-free : 1 800 642-8020

Course Title : _____

Dates : _____

PLEASE PRINT CLEARLY IN BLOCK LETTERS

Your membership number is on your PSAC membership card. It is also on the membership list kept by your Local officer.

REQUIRED

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Membership number

Component/DCL

Local

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Union position

Classification or job title

Employer

LAST NAME

FIRST NAME

HOME ADDRESS

--	--	--

Street number

Street

Apartment

--	--	--

Street number

Province

Postal code

	-		-	
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Telephone number (Home)

	-		-	
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Telephone number (office)

	-		-	
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Fax number (Office/Home/Local)

	-		-	
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Cell number (if available)

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IMPORTANT - Participant's email address

REQUIRED - (TO BE COMPLETED BY LOCAL PRESIDENT) If more than one member of your Local is registering for the course, CHECK OFF a number below to indicate the candidate's order of priority :

1 2 3 4 5 6

Do you have any special needs (e.g. sign language interpretation)? Please specify :

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Signature of candidate

Recommended by : Local President (if loss of pay) - Regional Council President - Women's Regional Committee Director - Equity Group Committee Director - Youth Committee Representative - University Sector Quebec Council Committee President - DCL Committee Director

REQUIRED – EMAIL ADDRESS OF THE PERSON RECOMMENDING THE TRAINING

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OPTIONAL - Please indicate if you belong to a equity group.

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Member with Disability Indigenous Members Racialized Members Women LGBTQ2+ Young Workers

Other (specify)