

Application for Education Course

Please print clearly and email or fax this completed form to email@cupe15.org.

Complete one form for each course you are applying for.

Name:	Mobile or Home Phone:
Home Address:	Personal Email:
City:	Contract/Sector:
Postal Code:	City/Parks
How long have you been a member of CUPE Local 15?	
I am currently a: Shop Steward Steward in Training OH&S Cttee Member	
Have you completed: Basic Stewarding? Yes ☐ No ☐ Basic OH&S? Yes ☐ No ☐	
Have you taken any other CUPE courses? Yes ☐ No ☐	
Course Applying For:	
Date(s) of Course Name of Course	Location:
Sponsor: CUPE Local 15 VDLC CUPE Metro CUPE National Other Courses fill up quickly and are filled on a first come first served basis. Please describe how this course would assist you in collective agreement administration in your sector, or assist you as an Occupational Health and Safety Committee member.	
For Office Use Only	
Approved Course Cost \$ Travel Cost \$	•
Other \$ Specify:	
Denied Reason:	Course Full Waitlisted
Date member notified: via email mail phone phone	
Book off form attached with application? Yes No Registered in Database (Initials)	

Applicant's Signature:

Date: _____