## 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:<br><br>Postal Code: | Contract/Sector:<br>City/Parks ☐ K-12 ☐<br>Cultural ☐ Health ☐<br>College/University ☐ |

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 $ _____ Per Diem $ _____ Lodging $ _____

Other $ _____ Specify: _____

Denied ❒ Reason: _____ Course Full ❒ Waitlisted ❒

Date member notified: _____ via email ❒ mail ❒ phone ❒

Book off form attached with application? Yes ❒ No ❒ Registered in Database ❒ _____ _____
(Initials) (Date)

Applicant's Signature: _____ Date: _____