

## PSAC NORTH REGION BASIC APPLICATION FORM

## Please complete this form and return to: PSAC Iqaluit Regional Office Fax: 867-979-5517 or by Email: Iqaluit-Ro-Admin@psac-afpc.com COURSE INFORMATION

Fa	<mark>x: 867-979-5517 or by E</mark>	mail: Iqalu	uit-Ro-Admin@psac-afpc.com	
	COUF	RSE INFOF	RMATION	
Course Name:				
Course Dates and Locati	on:			
	PERSC	NAL INFO	ORMATION:	
Name:				
Address:				
City:	Те	rritory:	Postal Code:	
Home Phone #:	We	ork Phone #:	#: Other:	
Home E-mail:	We	ork E-mail:		
Component:	Lo	cal:	PSAC/NEU ID #:	
Signature:				
	EMPLOY	MENT INF	FORMATION	
		Pos	Position/Job Title:	
Hours of work: (i.e. Monday-Friday, 8:30	-5:00)			
Supervisor's Name:		Sup	pervisor's Fax:	
If you are a shift worker	•		DFFICIAL SHIFT SCHEDULE which CLEARLY shows you the course date(s).	
ACCESS AND DIETARY NEEDS				
Do you need translations	? which languag	je?		
Do you have a disability?				
	eelchair access, sign langu			
Do you have any dietary	requirements or any allergie	<u>es?</u>		
SELF IDENTIFICATION				
	First Nations, Inuit, Metis		Woman	
	Racially Visible		Youth	
	Person with a disability		Gay, Lesbian, Bisexual, Transgender	
COURSE ENVIRONMENT				
	vents, including this course, a tembers with environmental s		ee all courses will be scent free events.	

If you are not sure of all your answers or if you want an Inuktitut application form please contact our office toll free: 1-866-268-7097 or in Iqaluit 979-7430