

PSAC NORTH REGION BASIC APPLICATION FORM

Please complete this form and return to:

PSAC Iqaluit Regional Office

FAX: 867.979.5517

Email: Iqaluit-RO-Admin@psac-afpc.com

COURSE INFORMATION	
Course name:	
Course dates and location:	
PERSONAL INFORMATION	
Name:	
P.O. box #: City:	Postal code:
Home phone #:	
Home e-mail:	
Work phone #:	
Work e-mail:	
Component: Local #:	PSAC ID #:
EMPLOYMENT INFORMATION	
Employer:	
Position/Job title:	
Hours of work (i.e. Monday – Friday, 8:30-5:00):	
Supervisor's name:	
Supervisor's e-mail:	
Supervisor's fax #:	
If you are a shift worker, please include a copy of your official shift schedule	
ACCECC AND DIETADY NEEDS	
ACCESS AND DIETARY NEEDS Do you need translations? No □ Yes □ (if yes) which language?	
Do you need translations? No Yes (if yes) which language?	
Do you have any disability? No Yes	
Any other needs? (e.g. wheelchair access, sign language, etc.)	
Do you have any dietary requirements or allergies? No ☐ Yes ☐	
SELF IDENTIFICATION (OPTIONAL)	
☐ First Nations, Inuit, Metis	☐ Woman
☐ Person with disability	☐ Young Worker (35 and under)
☐ Racially Visible (i.e. African American, South As	ian) 🔲 Gay, Lesbian, Bisexual, Transgender

SMOKE FREE: ALL PSAC events, including this course, are smoke free.

SCENT-FREE: To assist members with environmental sensitivities, all courses are scent free.

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 979.7430