



Union Centre, 407-275 Broadway  
Winnipeg, MB R3C 4M6  
Tel. 204 942 5480  
Fax 204 942 5493  
www.cupw-sttp.org

CUPW respectfully acknowledges that this office  
is on Treaty 1 territory and is the traditional  
territory of the Anishinaabeg, Cree, Oji-Cree,  
Dakota, Dene and Lakota Peoples, and the  
homeland of the Métis Nation.

## **\*\* APPLICATION FOR EDUCATIONAL \*\***

Event: **5 Day Educational - Prairie and Pacific**

Date: **September 8th - 12th 2025**

Courses: **Observer Training (5 Day) & Shop Steward - Advanced**

**PLEASE PRINT CLEARLY AND LEGIBLY TO ENSURE ACCURATE AND TIMELY PROCESSING**

Local:				Full-Time <input type="checkbox"/>		Part-Time <input type="checkbox"/>	
Classification:	MSC <input type="checkbox"/>	LC <input type="checkbox"/>	P04 <input type="checkbox"/>	P05 <input type="checkbox"/>	RSMC <input type="checkbox"/>	PSBU <input type="checkbox"/>	Other <input type="checkbox"/>
Name as it appears on your photo ID:							
Preferred Name:				Pronouns:			
Sister <input type="checkbox"/>		Brother <input type="checkbox"/>		Non-Binary <input type="checkbox"/>		Equity Seeking Group <input type="checkbox"/>	
Date of Birth: <small>(for airline ticket purposes)</small>				Equity Seeking Group you identify with:			
Address:							
City:		Prov:		Postal code:			
Home/Cell Phone:				Work Phone:			
E-mail Address:							
Emergency Contact:				Phone:			
<b><u>COURSE SELECTIONS:</u></b> (in order of preference)		1. _____ 2. _____ 3. _____					
<b><u>ACCOMMODATION:</u></b> Please advise if you have any environmental or food allergies, mobility, medical, hearing or vision issues that we should be aware of so appropriate accommodation can be arranged.							
<b><u>TRAVEL:</u></b> If travelling to the airport or educational by car, please indicate km's one way:							

**By signing below, I acknowledge that if my application is accepted to attend this Educational Seminar and I am unable to attend, I or my Local will be held responsible for any nonrefundable costs incurred and any "no-show" costs associated with non-attendance.**

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED  
MUST BE SIGNED BY APPLICANT AND LOCAL PRESIDENT OR WILL NOT BE ACCEPTED

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Local President

sl.cope225  
sc.cope225

How long have you been a CUPW Member?	0 - 4 Years <input type="checkbox"/>	5 - 10 Years <input type="checkbox"/>	11 - 15 Years <input type="checkbox"/>	16 - 20 Years <input type="checkbox"/>	20+ Years <input type="checkbox"/>
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Have you attended any other CUPW Educational(s)? Please list.

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What positions have or do you hold in your Local?  
(e.g *Executive, Shop Steward, Committee Member*)

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Please list any involvement in your community.  
(*labour or otherwise*).

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Briefly describe what interests you in the course(s) you are applying for.

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How do you plan to apply what you will learn in this course as a Member of CUPW or in your community?

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