2023 Family Education Program Application Form



REGISTRATION DEADLINE: FRIDAY, APRIL 21st, 2023

--- PLEASE PRINT CLEARLY - - -☐ Female Member's Name: _____ ☐ Non-Binary First Name **Last Name** Local Union No. _____ Lodge # (if applicable): _____ Employed at: _____ Please provide the LAST 6 DIGITS of your Social Insurance No.: ______ (This is required for tracking attendance of past participants.) Complete mailing address: _____ (Apt. #, house number, street name, P.O. Box, R.R. #) City: ______Postal Code: _____ Personal E-mail: _____ Home Phone #: () Cell Phone #: () Have you or your spouse/partner previously attended the Family Education Program as a Yes No member of **ANY** Unifor Local? If yes, what year did you attend? **PLEASE NOTE: You are NOT ELIGIBLE to attend the Family Education Program if you have attended within the last 7 years. Will your spouse/partner accompany you? Yes \(\subseteq \text{No } \subseteq \)

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If yes, provide First & Last Name: ______

Will dependent children attend the program with you? If so, please provide their information below.

<u>PLEASE NOTE:</u> Your dependent children (up to and including the age of 18) may accompany you. <u>This DOES NOT include nieces, nephews, grandchildren, etc.</u> Bring proof of health coverage for emergency medical.

	First & Last Name	Date of Birth (Month / Day / Year)	Gender
anyone i imited t Autism, membe	lity to accommodate is based on the information your family, have special needs/requirement to: wheelchair access, food allergies, learning debehavioural issues, etc.)? When completing to you are referring to. Please provide completer family can enjoy the program. (Attach additional program.)	s we should be aware of (includition) is abilities, hearing/vision impairing section, be sure to note that the details so we can be prepairing.	ling, but not rment, ADHD, <u>e family</u>
olacing a '2" in th <i>VACATIC</i>	elow are the dates of each program scheduled for "1" in the appropriate box. If you are available to box of your second choice. If IT'S NOT POSSIBLE ON SCHEDULE, DO NOT NOTE A 2 ND CHOICE. EARLY IN MODATED.	e and able to attend an alternate LE TO ATTEND AN ALTERNATE SESS	e session, place a NON DUE TO WORK
	SESSION #1 - Sunday, July 9th through S	Sunday, July 16 th <i>inclusive</i>	
	SESSION #2 - Sunday, July 23 rd through	n Sunday, July 30 th <i>inclusive</i>	
	SESSION #3 - Sunday, August 6 th throu	gh Sunday, August 13 th <i>incli</i>	<u>usive</u>
	If your trip involves air travel, please sp	ecify the city from which you w	ould like your

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initial flight to originate: _____

Please read and following:	d check off the important information b	elow, and sign that you have read and understood the			
	participant must contribute <i>their</i> time AGE OR PER DIEM WILL BE PAID.	(vacation, personal leave, etc.) NO LOST TIME,			
Plane way.	tickets will be provided by the Nationa	al Union if you are travelling more than 500 km one			
		cal Union PRESIDENT or FINANCIAL SECRETARY, to nd therefore eligible to attend the program.			
Partio	cipation in class is <u>mandatory</u> for <u>ALL</u> f	amily members – including infants and children.			
Program runs from Sunday evening through to the following Sunday at approximately 1' early departures from the program cannot be accommodated.					
	r will provide, free of charge, food and bers) during your stay at the Education	lodging to each participant (and their family Centre.			
Date of Application:					
Note to Local I	Inion President/Financial Secreta	P1/7			
All members are on Paid Education Le their own time to	eligible to attend the Family Education lave (PEL) is not required to attend this	Program, providing they are Members in Good Standing. <u>program</u> as no lost time is paid, and members contribute Your Local will not be billed for any costs as a result of			
certify the Applicant to be a member in good standing.					
	(PLEASE PRINT)	(SIGNATURE)			
President	Financial Secretary	Date:			

Return completed applications <u>BEFORE FRIDAY, APRIL 21ST</u> to:

Madison Yourth, Unifor Education Department e-mail: <u>family.education@unifor.org</u> mail: 115 Shipley Avenue, Port Elgin, ON, NOH 2C5

Selection of applicants will take approximately two weeks AFTER the deadline date. All applicants will be advised in writing of the disposition of their application. Questions can be directed to Madison at family.education@unifor.org or 1-800-265-3735, extension 3215.

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