

# UNION EDUCATION PROGRAM 2020

## APPLICATION FORM

### SECTION A: PERSONAL INFORMATION

**Your “official name”**

Last name \_\_\_\_\_ Given names \_\_\_\_\_

Note: please be sure that you write your name **as it appears on your photo ID**. This is especially important if we will be buying airline tickets for you, as the name we put on your ticket must correspond with your name as it appears on the photo ID you will use at the airport.

**Name you are usually called**

Circle the name you are usually called below, or write it here: \_\_\_\_\_

Gender identity* M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/>	Date of birth: day ___ month ___ year ____	HRID no. (employee ID) _____	Smoker <input type="checkbox"/> Non-smoker <input type="checkbox"/>
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\* “X” includes Trans, Non-Binary, Two-Spirit, and Binary gender identities.

Aeroplan # \_\_\_\_\_ Email \_\_\_\_\_

Your home address \_\_\_\_\_ # \_\_\_\_\_

\_\_\_\_\_  
 City or town Province Postal code

Your CUPW local \_\_\_\_\_ Region \_\_\_\_\_

**Your telephone numbers**

Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

**Best method and time to be contacted**

CUPW staff may need to reach you to discuss things like travel arrangements. Please indicate the best way for us to contact you, and when.

email \_\_\_\_\_  home phone \_\_\_\_\_  cell \_\_\_\_\_  
 work phone \_\_\_\_\_  other \_\_\_\_\_ preferred time \_\_\_\_\_



Name of person to be notified in case of emergency

\_\_\_\_\_ Spouse/partner  Parent  Other

Telephone numbers: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

**IMPORTANT: Please note that a short statement is required, as per Section F.**

<b>LANGUAGES:</b>	English:	Read <input type="checkbox"/>	Write <input type="checkbox"/>	Speak <input type="checkbox"/>
	French:	Read <input type="checkbox"/>	Write <input type="checkbox"/>	Speak <input type="checkbox"/>
	Other(s)	Read <input type="checkbox"/>	Write <input type="checkbox"/>	Speak <input type="checkbox"/>

Please specify other language: \_\_\_\_\_

**Name for diploma**

If you were accepted into the program and were to graduate, how would you like your name to be written on the diploma?

\_\_\_\_\_

**TRAVEL**

For people living *outside southwestern Ontario*, what is the closest airport to your home?

\_\_\_\_\_

If the airport you'll be flying from is a lengthy drive or bus ride away, please give details (e.g. length of trip in km (one way), how long it will take you to get to the airport).

\_\_\_\_\_

\_\_\_\_\_

Note: People from *outside southwestern Ontario* will fly to Toronto. A chartered bus will take them from the airport to Port Elgin.

People *living in the Toronto-Scarborough area* can also take the chartered bus from the airport to Port Elgin.

People *in southwestern Ontario* (e.g. St. Catharines, London) will be expected to drive to Port Elgin, for which they will be paid mileage under the CUPW Constitution.



## SECTION B - FORMAL EDUCATION

Which response best describes your formal education?

*(Choose one that best applies to you.)*

- Some high school
- Completed high school
- Some post-secondary program (university or college)
- Received college certificate
- Received university degree
- Some graduate work
- Received graduate degree

## SECTION C - LABOUR EDUCATION

Please list the labour schools, institutes and seminars you have attended over the past few years. Name the locations where they were held and when, the length of the program and the sponsors. You may wish to include courses taken less recently, if you think they were important in your education as a union activist.

Course Name and Duration	Location	Year	Sponsored by



**SECTION D - TRADE UNION AND OTHER ACTIVITIES**

1. How many years have you been working for Canada Post and been a member of CUPW? Or, are you a member of a non-CPC bargaining unit? If so, which one, and how long have you been a CUPW member?

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2. How often do you attend local union meetings?

Regularly                       Sometimes                       Never

3. What union office(s) do you **presently** hold and how long have you been in that or those office(s)?

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4. On what committee(s) do you serve in your local and/or union?  
Also, if you are (or were) active in the union in other ways, please provide details.

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5. What union office(s) have you held **in the past**? Please list the offices you have held in CUPW. If you belonged to another union and were active, please provide details.

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6. Have you been to CUPW conventions? If so, in which years?

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7. Have you been to conventions of Federations of Labour or the Canadian Labour Congress? If so, list which ones.

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8. Do you ever attend labour council meetings in your community? Have you ever held a labour council position or worked with unions outside of CUPW? Please give details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Are you involved in any community organizations, coalitions or campaigns? Please give details of current or past activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Do you have a skill, talent or expertise in a leisure activity (yoga, beading, sports, music, etc.)? *This is not a criteria for selection but provides us with added information.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION E - VOLUNTARY SELF-IDENTIFICATION**

The information requested below will assist the union in assessing the representative diversity of the applicants.

*(Check all that apply)*

- I am male
- I am female
- I am a young worker (age 30 or younger)
- I am a racialized person (by virtue of my race or colour, a worker of colour)
- I am an indigenous person of North America / Turtle Island or elsewhere. Specify.
- I am lesbian
- I am gay
- I am bisexual
- I am a transgender person
- Other gender identity \_\_\_\_\_
- I am a person with a disability. Please describe:

\_\_\_\_\_  
\_\_\_\_\_



## SECTION F - YOUR STATEMENT (Written, Audio or Video)

For your application to be considered complete, you must write a short statement of 150-250 words on "Why I want to attend the Union Education Program".

A written statement should be typed or handwritten on 8½" x 11" sheets of paper. Please number each page and put your name on the first page.

Note: If you do not wish to send a written statement, you can record your remarks (1-2 minutes) and send an audio or video link by email.

## SECTION G - SIGNATURE OF A LOCAL OR UNION OFFICER

It is our policy to make sure that an officer of the applicant's local (or union) is aware that an application has been made to the Union Education Program, so please have the president or one of the other officers of your local (or union) sign below.

\_\_\_\_\_  
Signature of your president or other officer of the local (or union)

\_\_\_\_\_  
Please print the above signing officer's name

\_\_\_\_\_  
Title of signing officer

## SECTION H - DATES OF PROGRAM

**Note:** The Union Education Program is held at the Unifor Family Education Centre in Port Elgin, Ontario.

The first session, the longest one, is seven days long. \*Week 1 combines an orientation session and the first week of the program. It is longer than Weeks 2-4. In this case, participants arrive at the Unifor Centre the evening before classes begin.

- ☞ Weeks 2 to 4 have classes from Monday to Friday, with an opening session or other activity scheduled on Sunday evening. Some participants will need to stay at an airport hotel in Toronto the Saturday night before these sessions begin, but everyone will travel to the Unifor Centre on the Sunday.
- ☞ There are evening classes and other group activities during each week of the program.

### 2020-2021 SCHEDULE

- Week 1\*: October 3-9, 2020
- Week 2: November 15-20, 2020
- Week 3: February 21-26, 2021
- Week 4: March 21-26, 2021

\_\_\_\_\_  
(signature of applicant)

\_\_\_\_\_  
(date of application)



## GENERAL APPLICATION INSTRUCTIONS

1. Note that the deadline for applications for the 2020 Union Education is April 30, 2020.
2. Please make sure you can attend each week of the four-week residential program. The dates are listed in Section H. The February 14, 2020 bulletin outlines the goals and content of the program.
3. Please complete the application form **in BLOCK CAPITALS**, making sure that none of the information is left out. Fill in all the blanks. If some of the information requested is not applicable, write **N/A** in the appropriate space.
4. As explained in Section F, you must send a short statement to support your application. Please send in your statement along with your application form. We need the statement to get an idea of your perspective, not to rate your writing ability. You do not have to be a good writer to take the Union Education Program. If you do not wish to write your statement, you can submit a link to your video or audio file.
5. Please make sure you sign the application.
6. Send your application to:

**Dave Bleakney**  
**2<sup>nd</sup> National Vice-President**  
**Canadian Union of Postal Workers (CUPW)**  
**377 Bank Street**  
**Ottawa, ON**  
**K2P 1Y3**

## SPECIFIC APPLICATION INSTRUCTIONS

Special attention should be given to the following sections:

### SECTION C - Labour Education

Name the course(s) taken, the duration, where it was held, and the sponsoring organization. For example:

- Regional seminar:  
Winnipeg, Manitoba  
Spring 2017, 3 days, CUPW
- Health and Safety:  
Drummondville, Québec  
November 2017, 1 week, FTQ
- Parliamentary Procedure:  
Saint John, N.B.  
March 2018, 2 days, Saint John and District  
Labour Council
- Arbitration:  
Harrison Hot Springs, B.C.  
February 2018, 1 week, CLC Winter School

### SECTION G – Signature of local officer

Please obtain the required signature. This signature cannot be the candidate's, so, if you are the president of your local, get another officer's signature.