

COURSES OFFERED: HEALTH AND SAFETY
 BASIC STEWARD COURSE
 MENTAL HEALTH IN THE WORKPLACE
 LCRMS – KNOW YOUR ROUTE

Please complete the following: (one form per participant)

Name of Local:	
Name: _____ HRID# _____	☐ Brother ☐ Sister ☐ They ☐ Indigenous ☐ Worker of Colour ☐ LGBTQ ☐ Differently Abled
Address:	Postal Code:
Phone #:	Email:
Work Schedule: (i.e. start and finish time and days off) ☐ Full-time ☐ Part-time ☐ Temp	
☐ Urban ☐ RSMC ☐ PSBU	
Course applying for: 1 st Choice: _____	2 nd Choice: _____
Emergency contact name:	Phone #
Accommodation and Transportation: Accommodation are being provided to all participants. All accommodations are guaranteed. It is the responsibility of the participant to notify the Regional Office of any cancellation 24 hours prior to accommodation has been reserved. Failure to inform the Regional Office will result in a “no show” room charge which will be submitted to the participant/Local for payment.	
DIETARY RESTRICTIONS: _____	
I will be travelling by: ☐ Bus ☐ Personal Vehicle ☐ Air (special request): _____ Birthdate (for air flight purposes) _____	
Travel arrangements will be made April 3, 2026. Any special travel requests must be in to Bethany Glover by April 1, 2026. Important: Please print name as appears on ID for airline ticket purposes: _____	
* All flight cancellation costs will be billed to the participant/Local.	

All applications must be approved by your Local Executive and the registration form must be signed by the Local President or designate.

 Signature of Local President

 Signature of Applicant