



APPLICATION FOR FACILITATOR TRAINING & BULLY-FREE WORKPLACE PROGRAM


www.nsgeu.ca

RETURN COMPLETED FORM TO:
NSGEU, 100 Eileen Stubbs Ave, Dartmouth B3B 1Y6
424-2111 (fax) or zhildebrandt@nsgeu.ca
ENSURE THIS FORM IS FILLED OUT COMPLETELY.

COMPLETION OF THIS FORM DOES NOT GUARANTEE ADMISSION.

Application Deadline: Jan 23, 2012

PART 1 - PERSONAL INFORMATION

YOUR NAME _____		
ADDRESS _____		LOCAL # _____
CITY/TOWN _____	POSTAL CODE _____	
HOME PHONE _____	WORK PHONE _____	CELL PHONE _____
EMAIL _____		

PART 2 - TIME OFF REQUIREMENTS

EMPLOYER _____	WORK LOCATION _____	JOB TITLE _____
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This program requires time away from your job. Although time off will be negotiated to be as convenient for operational requirements as possible, your position should accommodate you being away on average one or two days per month to allow for training, program delivery, and ongoing professional development. Your employer will be compensated for your time off for union business, and all days off will be booked in advance.

PART 3 - UNION INFORMATION

NSGEU LOCAL _____	YOUR CURRENT POSITION IN THE UNION _____	YEARS IN THAT POSITION _____
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PREVIOUS POSITIONS HELD (CHECK ALL THAT APPLY)

<input type="checkbox"/> PRESIDENT (LOCAL)	<input type="checkbox"/> CHIEF STEWARD	<input type="checkbox"/> TREASURER (LOCAL)	<input type="checkbox"/> SECRETARY (LOCAL)	<input type="checkbox"/> STEWARD
<input type="checkbox"/> BOARD MEMBER	<input type="checkbox"/> 1st/2nd VP (LOCAL)	<input type="checkbox"/> HEALTH & SAFETY REP	<input type="checkbox"/> COMMITTEE CHAIR	<input type="checkbox"/> OCCUPATIONAL COUNCIL
<input type="checkbox"/> REGIONAL COUNCIL	<input type="checkbox"/> EXECUTIVE MEMBER (PROVINCIAL)	<input type="checkbox"/> BARGAINING COMMITTEE	<input type="checkbox"/> COMMITTEE - Which Committee _____	

Which Year (s) _____

WHAT PREVIOUS NSGEU TRAINING HAVE YOU TAKEN?

<input type="checkbox"/> STEWARD I	<input type="checkbox"/> STEWARD II	<input type="checkbox"/> ADVANCED STEWARD	<input type="checkbox"/> BOARD TRAINING	<input type="checkbox"/> COUNCIL TRAINING
<input type="checkbox"/> OHS I	<input type="checkbox"/> OHS II	<input type="checkbox"/> OHS III	<input type="checkbox"/> POLITICAL ACTION	<input type="checkbox"/> MEMBERSHIP MOBILIZING
<input type="checkbox"/> NEW ACTIVIST	<input type="checkbox"/> LOCAL OFFICERS TRAINING	<input type="checkbox"/> COMMUNICATIONS	<input type="checkbox"/> LEADERSHIP	<input type="checkbox"/> TRAIN THE TRAINER
<input type="checkbox"/> BARGAINING	<input type="checkbox"/> GENERAL MEMBERSHIP	<input type="checkbox"/> LABOUR COLLEGE	<input type="checkbox"/> NUPGE LEADERSHIP	<input type="checkbox"/> OTHER

OTHER UNION TRAINING YOU HAVE TAKEN: _____



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PART 4 - SKILLS & EXPERIENCE (if necessary, please attach more information)

Please provide any relevant information about your skills, interest or experience in the area of facilitation:

Lined area for providing information about skills and experience in the area of facilitation.

Please provide any relevant information about your skills, interest or experience in the area of advocacy:

Lined area for providing information about skills and experience in the area of advocacy.



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SPACE IS LIMITED, ELIGIBILITY DOES NOT GUARANTEE ADMISSION.

PART 4 - CONTINUED (if necessary, please attach more information)

Tell us about your experience (if any) with bullying/psychological harassment either as a victim or observer?
Make any other observations about this issue:

Lined area for writing the response.

SIGNATURE OF APPLICANT

PLEASE SEND ME ANY FOLLOW UP
CORRESPONDENCE BY:

- EMAIL
- REGULAR MAIL