



Public Service Alliance of Canada  
Alliance de la Fonction publique du Canada

# PSAC 2019 NATIONAL HEALTH AND SAFETY CONFERENCE

## REGISTRATION FORM

Please return completed form to email: [Conferences@psac-afpc.com](mailto:Conferences@psac-afpc.com)

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***Please ensure that you answer all the questions on the registration form to avoid any delay in processing your application.***

### **OBSERVER STATUS**

If you are not selected as a delegate to the Conference, do you want to be considered as an observer to the Conference?

*(Please remember that observers are individually responsible for securing all costs associated with their participation).*

Yes       No

### **PERSONAL INFORMATION**

PSAC Membership #: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Province:

<input type="checkbox"/> AB	<input type="checkbox"/> NS	<input type="checkbox"/> QC
<input type="checkbox"/> BC	<input type="checkbox"/> NT	<input type="checkbox"/> SK
<input type="checkbox"/> MB	<input type="checkbox"/> NU	<input type="checkbox"/> YT
<input type="checkbox"/> NB	<input type="checkbox"/> ON	
<input type="checkbox"/> NL	<input type="checkbox"/> PE	

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Preferred email address: \_\_\_\_\_  
(provide the address you would like used for correspondence for this conference – should not be an employer email)

Alternate email address: \_\_\_\_\_  
(if different from above)

Language:  English  French  Inuktitut

Component or Directly Chartered Local:

<input type="checkbox"/> AGR	<input type="checkbox"/> UNE/SEN
<input type="checkbox"/> CEIU/SEIC	<input type="checkbox"/> UNW/STN
<input type="checkbox"/> CIU/SDI	<input type="checkbox"/> UPCE/SEPC
<input type="checkbox"/> GSU/SSG	<input type="checkbox"/> USJE/SESJ
<input type="checkbox"/> NEU/SEEN	<input type="checkbox"/> UTE/SEI
<input type="checkbox"/> UHEW/STSE	<input type="checkbox"/> UVAE/SEAC
<input type="checkbox"/> UCTE/UCET	<input type="checkbox"/> YEU/SEY
<input type="checkbox"/> UNDE/UEDN	<input type="checkbox"/> DCL/SLCD

Local Number: \_\_\_\_\_

Local Name: \_\_\_\_\_

Region:  Atlantic  Ontario  
 British Columbia  Prairies  
 National Capital Region  Québec  
 North

I authorize the PSAC to send me conference information via text (SMS) messages to my mobile phone for this event.

Yes  No

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## VOLUNTARY EQUITY GROUP AND YOUNG WORKER SELF-IDENTIFICATION

PSAC members who belong to the following groups are invited to self-identify. This information is kept confidential and will be used for the purposes of supporting our equity initiatives and programs. Please check all that apply.

Woman

Worker with a Disability

Indigenous Worker

- First Nation
- Inuit
- Métis

Racially Visible Worker

*(As defined by, Government of Canada, Treasury Board Secretariat, "Employee Self-Identification Form")*

- Black; African-Canadian; Person of African-Descent; Caribbean
- Chinese
- Filipino
- Japanese
- Korean
- South-Asian/East Indian (including Indian from India; Bangladeshi; Pakistani; East Indian from Guyana; Trinidad; East Africa; etc.)
- Southeast Asian (including Burmese; Cambodian; Laotian; Thai; Vietnamese; etc.)
- Non-White West Asian; North African or Arab (including Egyptian; Libyan; Lebanese; Iranian; etc.)
- Non-White Latin American (including indigenous persons from Central and South America; etc.)

- Persons of Mixed Origin (with one parent in one of the Racially Visible groups listed above)

LGBTQ2+ Worker

- Lesbian
- Gay
- Bisexual
- Trans
- Queer
- Two Spirited
- Other, please specify: \_\_\_\_\_

Young Worker (under the age of 35)

### **PSAC Equity Contact Lists**

- Please add my name and contact information to one or more of our respective PSAC Equity and Young Worker contact lists. This information is kept confidential.

Please note that this information may be shared with different structures of the union in support of our human rights work only.

### **WORKSHOPS**

Participants will take part in a workshop during the conference.

The primary objective of the workshops is to develop the Union's agenda, including various strategies in regards to the issues being discussed. Participants will be encouraged to share with the group their particular experiences and knowledge.

Please indicate your order of preference for the different workshops by marking the number of your preference in the box beside the description of the workshop:

*1- first choice, 2-second choice, etc.*

Please note that

- Every attempt will be made to respect your preferences.
- You may be assigned to participate in a bilingual workshop (with simultaneous interpretation).

## **Workshop 1**

**Choice :**

### **Your “Right to Participate” in hazard investigations and how to establish workplace strategies to fix problems (introductory)**

1

2

3

This workshop will deal with the role of a health and safety representative or an employee member on a joint health and safety committee in workplace inspections and investigations. The fundamental “Right to Participate” as well as the “Right to Refuse” dangerous work will be explored using case studies (e.g. asbestos) which emphasize the importance of worker involvement in workplace investigations. The role of government inspectors, and involvement by outside parties who may have technical expertise, will be discussed. Participants will also discuss strategies for documenting health and safety concerns, making recommendations, ways to effectively communicate with the employer and share their experiences on workplace investigations and the right to refuse situations.

## **Workshop 2**

**Choice :**

### **Managing Workplace Stress and Overload**

1

2

3

As employers pull back resources, they expect workers to do more with less. This workshop will discuss how we can mobilize and try to change a workplace culture that ignores the damaging impact of excessive stress and unreasonable workloads. Participants will discuss the cause and effects of overwork, and strategies to overcome the ever increasing workload that is not just impacting our health at work, but the relationship we have outside of work.

## **Workshop 3**

**Choice :**

### **Strategies for Preventing Workplace Violence (including Domestic Violence)**

1

2

3

This workshop will provide an overview of the expanding concept of workplace violence (physical violence, psychological violence, bullying, harassment and domestic

violence). Strategies to respond to situations involving violence in their workplaces, new recourses, differences and similarities between jurisdictions will be discussed. Participants will explore what local unions can do to protect members from and assist members affected by all forms of violence.

## **FOCUS GROUPS:**

Delegates will participate in a focus group that explores timely issues including impairment at work, cannabis, opiates, medical use, medical monitoring. Participants will be able to respond to these issues as they arise in the workplace (e.g. employer policies and practices), as well as, how health and safety protections intersect with human rights and privacy rights.

## **ACCOMMODATION OF A DISABILITY**

The PSAC strives to ensure that PSAC events are barrier-free for our members with disabilities. Once selected, **members** may be required to further specify their accommodation needs in order to facilitate their participation at these conferences. *A separate form may be sent to selected participants who have identified as members with disabilities requiring accommodation.*

I am a member with a disability and require accommodation.

What are the functional limitations arising from your disability? (You are not obliged to disclose your diagnosis, only your functional limitations.)

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I require that the PSAC arrange for a personal care attendant to assist me in order for me to fully participate at the conference.

I require documentation in alternative media.

I require sound amplification.

- I require a sign language interpreter.
- I require an oral interpreter.
- I require that the PSAC arrange for a Reader (for a person with a visually related disability) to assist me in order for me to fully participate at the Conference).
- I will be using animal assistance (i.e. guide dog) at the Conference.

## **HOTEL ACCOMMODATION**

The PSAC has reserved a block of rooms at the Fairmont Queen Elizabeth Hotel, 900 René-Lévesque Blvd. West, Montréal, Québec. This hotel is unionized and accessible. **Please note that the Fairmont Queen Elizabeth Hotel is a 100% smoke-free environment.**

For Delegate applications only:

- I require specific accommodation for my disability in my hotel room.

Please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***You may be required to provide relevant medical documentation that will assist us to respond to your request. This information will not be disclosed except where necessary to respond to your request for accommodation.***

## **DIETARY REQUIREMENTS OR ALLERGIES**

- I have dietary requirements or allergies.

Please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **FAMILY CARE**

The objective of the PSAC Family Care Policy is to remove one of the barriers which prevents members from participating fully in Union activities and which provides for the reimbursement of family care expenses. A copy of the policy is available on the PSAC website at <http://psacunion.ca/family-care-policy>.

On-site child care is provided only for those who could not otherwise attend, had the service not been available.

I require on-site child care.

Number of children: \_\_\_\_\_ Ages of children: \_\_\_\_\_

*We will follow-up for additional information and to confirm service.*

## **PARTICIPANT PROFILE**

To ensure that the conference responds to the needs of our members, we invite you to respond to the following questions:

1.  This is my first PSAC Conference.
2.  I have recently attended other PSAC/Components/Directly Chartered Locals Conferences, Conventions or functions

If yes, please specify:

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3.  In the last three years, I have attended a PSAC or Component education course.

If yes, what courses have you attended in the last three years? Include any Health and Safety Courses you may have attended.

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4.  I have attended a PSAC/Component/Regional Convention.

Please specify:

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5.  I am involved in health and safety in my workplace.

6.  I am involved in my Joint Policy Health and Safety Committee in my workplace.

7.  I am a member of a Joint Workplace Health and Safety Committee or Health and Safety Representative

8.  Other, please specify:

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9.  Do you fall under provincial territorial jurisdiction or;

10.  Do you fall under federal jurisdiction.

11. As a delegate to this Conference, could you please tell us how this experience would lead to Union action in your workplace, your Local and in your Component nationally? **(in 150 words or less)**

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**Thank you for completing the registration form.**