



# PSAC PRAIRIE REGIONAL Health Safety Conference



**Health and Safety**  
September 18 - 20, 2009

**PSAC PRAIRIE REGIONAL HEALTH & SAFETY  
CONFERENCE, SEPTEMBER 18 – 20, 2009  
HEALTH AND SAFETY ACTIVISM  
MAKING A DIFFERENCE**

*Regina Inn Hotel and Conference Centre*

**THEME:** Occupational Health and Safety Activism Defining and Refining the Roles of the H&S Activist

Topics May Include:

- Dealing with Modern Work Environments
- Downsizing, Stress
- Blame the Worker Safety Programs
- Violence/Bullying in the Workplace
- Dealing with Confrontational Situations

**WHO SHOULD ATTEND?**

The Conference is designed to provide assistance and resources to PSAC members who are Workplace Safety and Health Committee members, Workplace Safety & Health Representatives or Policy Committee members. It is not designed to function as the basic training tool on Health and Safety Rights and Responsibilities. Rather we will be expanding the knowledge range and confidence of committee members and representatives. There are a limited number of spots available and therefore selection will be based on this criterion.

**Registration will begin the afternoon of Friday, 18 September, 2009. All participants will arrive in time to register on Friday.**

**The Conference will begin with a Plenary Session, Friday evening at 7PM 18 September, 2009 and will end at approximately 1:30 PM on Sunday.**

**AGENDA:** Details will be finalized, based in part on participant needs.

**REGISTRATION FORM**



◆ **TRAINING**

Please identify Health and Safety training received:

PSAC Safety and Health Committee Member/Rep. Course, Dates

Employer or Joint H&S Committee Member/Rep. Course, Dates

Other \_\_\_\_\_ Specify

◆ **ACCESS**

It is important that you complete this section in order that we may accommodate your special needs. Do you have any special requirements? (e.g., special diet, wheelchair access, sign language, documents in alternate formats, etc.)

Yes \_\_\_ No \_\_\_

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◆ **Local Certification (To be completed by the PSAC Local Executive)**

I certify that

a) is a member in good standing;

Signature of the Local President or Designate

Print name and position \_\_\_\_\_

◆ **ALLIANCE POLICIES: (No Smoking, Scent-Free)**

The Alliance no-smoking policy will be in effect for all Conference functions. Also, please refrain from using perfume or other scented products during the Conference. Many members have severe allergies and chemical sensitivities to these kinds of products. We anticipate your cooperation.

**HEALTH AND SAFETY ISSUES:**

Do you have or are you aware of any Health and Safety issues in your Workplace?

No

Yes

If Yes, please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly explain why you would like to attend the PSAC Prairies Regional H&S Conference and what you would like to gain from it.

\_\_\_\_\_

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**WAGES:**

We encourage members applying for this Health & Safety Conference to request leave with pay, given the joint nature of union-management responsibilities in this area.

I will be applying for leave with pay:

No

Yes

If your leave with pay request is denied, please apply for leave without pay for union business and we will cover your loss of salary.

Many employers realize the benefit in having well trained experienced Committee Members. They support the pursuit of related educational opportunities by

providing leave with pay for appropriate training and experience. It is important that they be provided with the opportunity to show this support. Cost Savings, for us, increase the number of participants that are able to attend therefore improving the experience for everyone involved.

**FINANCIAL COSTS:**

*There is a non-refundable Registration Fee of \$50.00. This will assist in offsetting some of the costs of the Conference.*

**Registration Fee must be paid in order for this application to be considered complete. Please make the cheque payable to the PUBLIC SERVICE ALLIANCE OF CANADA, PRAIRIE REGION.**

*If the registration fee will create a barrier, for example, because of the size of your local please contact Bruce Campbell or your Regional Office and arrangements will be made to accommodate your needs.*

*Travel and related costs will be paid in accordance with the PSAC Travel Policy, details will be provided prior to finalizing attendance.*

**ACKNOWLEDGEMENT:**

APPLICANT: With this application, I agree that, if selected, I will attend and participate in all sessions of the Health and Safety Conference. I have read the Alliance documents on human rights, harassment and scent free policies provided by my local and understand my responsibilities in accordance with them.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date of Application)

**If you have any questions about the Health and Safety Conference, please call Bruce Campbell, the Regional Health and Safety Representative, Bruce is located at the Winnipeg Regional Office 204-947-1601 or toll free at 1-866-393-7722.**

**Deadline for receipt of registration:**

**Wednesday, June 24, 2009**

Applications should be sent to the Winnipeg Regional Office of the PSAC @:

Suite 460-175 Hargrave St., Winnipeg MB R3C 3R8  
or by Fax to (204) 943-0652 ATTN: Bruce Campbell  
or by Email to CAMPBEB@PSAC.com

**SELF IDENTIFICATION (OPTIONAL)**

The Alliance is committed to ensure that PSAC education programs are accessible to all members. The information requested in this section will help us assess our success in reaching members who belong to groups identified in the PSAC Human Rights Policy.

**ALL INFORMATION WILL BE KEPT CONFIDENTIAL**

**ABORIGINAL** Are you a First Nations, Métis, or Inuit Person? Yes  No

**RACIALLY  
VISIBLE** Are you, by virtue of your race or colour,  
in a racially visible minority in Canada? Yes  No

If yes, and you wish to identify with a specific  
racially visible group, please indicate.

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**DISABILITIES** Do you have any persistent or permanent  
physical, mental, psychiatric, learning or  
sensory impairments, as recognized under the  
Canadian Human Rights Act? Yes  No

**SEXUAL  
ORIENTATION** Are you gay, lesbian, bisexual or  
transgender? Yes  No

**GENDER** Woman  Man

**YOUTH** Are you under the age of 30? Yes  No

If yes, what is your date of birth? \_\_\_\_\_

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This form can be made available in various formats, including Braille, English, French, and on disk in English and French. Contact your PSAC Regional Office for more information.