



APPLICATION FORM

LABOUR RELATIONS TRAINING PROGRAM



Name: _____ E-Mail: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Work Site: _____

Date of UPN Membership: _____ UPN Membership No. _____

| | |
|--|--|
| Accommodation | |
| Do you require accommodation provided by the Union (if you live 50 km from the UPN office)? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Have you lived in co-operative living environments (other than your family) in the past? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Smoker <input type="checkbox"/> | I have the following Dietary Needs: |
| Non-Smoker <input type="checkbox"/> | |

As an initial step in the selection process, please: 1) answer the questions below (max. 200 words per question) and; 2) prepare a one-page resume highlighting your most relevant experience.

1. Describe your involvement with the UPN (roles, leadership, etc.).
2. Describe your leadership and advocacy skills/experience beyond the UPN (i.e.: non-UPN experience you would draw on and apply to playing a leadership and advocacy role in labour relations for the UPN).
3. Why are you interested in playing a leadership and advocacy role in labour relations for the UPN?
4. What are the strengths you would bring to such a position?

Mail of fax all forms to:
 Executive Committee, Union of Psychiatric Nurses
 200 – 508 Clarke Rd., Coquitlam, B.C. V3J 3X2
 Phone: 604-931-2471, 1-877-931-2471 Fax: 604-931-1070
 Email: dmclaren@telus.net

Please make sure to submit:
 Application
 Résumé
 Short Answer Questions