



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

APPLICATION FORM

2024 PSAC B.C. 2SLGBTQIA+ Summit

Queer Solidarity in the Face of Adversity

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

- Yes, I am a PSAC BC member in good standing who self-identifies as 2SLGBTQIA+.

Only members who self-identify as 2SLGBTQIA+ can attend this Summit. For further clarification of 2SLGBTQIA+, please see “Equity Group Identification” section in the call out.

PERSONAL INFORMATION

Last name: _____

First name: _____

Street address: _____

City: _____

Postal code: _____

Work phone: _____

Home phone: _____

Cell phone: _____

Other phone: _____

Fax: _____

Preferred (personal) Email: _____

Other email: _____

PSAC Membership #: _____

Local number: _____

Component or
Directly Chartered Local:

AGR

CEIU

CIU

GSU

UCTE

UHEW

UNDE

UNE

UPCE

USJE

UTE

UVAE

DCL

Please specify:

PARTICIPANT PROFILE

(Important note: The responses to these questions will be used in the selection process for delegates and observers to the Summit.)

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

1. How would you describe yourself as part of the 2SLGBTQIA+ community?

2. This is my first PSAC Summit and/or conference.

If you have recently attended other PSAC events (such as conferences, courses, etc.) please list which events and describe how this has impacted your union activism.

3. I am involved in workers' rights in my union or workplace and/or active in the community on 2SLGBTQIA+ issues. If yes, please describe:

4. Why would you like to attend the Summit? **(in 150 words or less)**

EQUITY GROUP SELF-IDENTIFICATION

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

- Person with a Disability
- Indigenous Person (First Nations, Métis, Inuit)
- Woman
- Racially Visible Person
- 2SLGBTQIA+ (Two-Spirited, Lesbian, Gay, Bisexual, Transgender Persons, Queer, Intersex, Asexual)
- Young Worker (35 years of age and under)
- Other, please specify: _____

Pronouns:

Please indicate your pronouns (she, he, they, zhe, etc) below. More information on pronouns and building trans-inclusive workspaces can be found [here](#).

PSAC Contact Lists

- Please add my name and contact information to one or more of our respective PSAC Equity and other PSAC Regional Committee contact lists.
- Please add my name and contact information to the PSAC B.C. Regional Newsletter distribution list.

The following information will only be used if you are selected as a delegate for the Summit.

Please identify if you will **require loss of salary to be covered**. In most cases, a full day will be needed to arrive in time for the program on Friday. If you require Loss of Salary for Saturday or Sunday, please indicate below (for budget tracking purposes).

- If selected as a delegate, I will require an advance for expenses (including loss of salary) associated with this Summit.

I will need approximately: \$ _____

Classification/Step or Hourly Wage: _____

Number of Hours Loss of Salary Required: _____

Which day(s) do you require loss of salary? _____

ACCOMMODATION FOR DISABILITIES

The PSAC Accommodation Policy strives to ensure that PSAC conferences and events are barrier-free for **members with disabilities**.

- I am a member with a disability and require accommodation.

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.

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

- I require that the PSAC arrange for a personal care attendant to assist me in order for me to fully participate at the Summit.
- I require documentation in alternative media.
- I require sound amplification.
- I require sign language interpretation.
- I require an oral interpretation.
- 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 Summit.
- I will be using animal assistance (i.e. guide dog) at the Summit.

SPECIAL DIETARY REQUIREMENTS OR ALLERGIES

- I have dietary requirements or allergies that the PSAC should be aware of. Please specify:

MODE OF TRANSPORTATION

Please indicate your preferred mode of travel. Participants are expected to travel by the most direct, economical means. Please provide any relevant details below.

Air
Bus
Ferry
Personal Motor Vehicle
Will you be carpooling? Please indicate with whom.

EMERGENCY CONTACT

Please indicate a name and telephone number for someone we should contact in case an emergency arises while you are participating at the Summit.

Name: _____ Telephone #: _____

Relationship to Participant: _____

APPLICANT:

With this application, I agree that, if selected, I will attend and participate in all sessions of the PSAC B.C. 2SLGBTQIA+ Summit scheduled for Friday, May 3 through Sunday, May 5, 2024.

SIGNATURE: _____
(Signature of applicant) (Date)

Thank you for completing the application form.