1 Week P.E.L.

CAW TCA CANADA

Please identify your 2 choices during this term.

	Course Name	Monday Start Date		
1				
2				
		Day /	Month	/ Year

PLEASE PRINT CLEARLY

First name	
Last Name	
S.I.N. #	- -
Seniority	Day Month year
Clock #	
Address	
City	
Province	
Postal Code	-
Phone	( ) -
Cell	
Work	
Local Unit:	
E Mail:	

		Y	N
1	Have you attended the 4 week P.E.L. program?		
2	Do you regularly attend Local 199 Union meetings?		
3	Do you currently hold an elected or appointed position?		
4	Have you attended McMaster Labour Studies courses?		

5	List the last three Union positions that you have ran for or standing committees that you have sat on.	1
		2
		3
6	List the last three Union activities or events that you have attended.	1
		2
		3
7	List the last three P.E.L. or other labour sponsored courses that you have taken.	1
		2
		3
8	Have you ever been involved in a political campaign?	

9. Why do you want to attend the above P.E.L. courses and how will you use this new knowledge?

		Day	Month	Year
Applicant Signature:		**Date:**	-	-
Authorized By: (signature)		**Title :**		