



Course Name:

4 WEEK P.E.L.

Year:

Spring:

or Fall:

PLEASE PRINT CLEARLY

First name _____

Last Name _____

S.I.N. # - - _____

Seniority _____
 Day Month year

Clock # _____

Address _____

City _____

Province _____

Postal Code - _____

Phone () - _____

Cell _____

Work _____

1 Have you applied for 4 week P.E.L. before?

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.

6 List the last three Union activities or events that you have attended.

7 List the last three P.E.L. or other labour sponsored courses that you have taken.

1

2

3

1

2

3

1

2

3

Y	N
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

8. Why do you want to attend the 4 week P.E.L. program and how will you use this new knowledge?

Applicant Signature: _____

Authorized By:
(signature)

Date:

Day

Month

Year

-

-

Title :