



CUPW - VANCOUVER LOCAL UNION EDUCATION PROGRAM

APPLICATION FORM

Course Applied For: _____

Date(s) Offered: _____

Name: _____

Address: _____

Phone #(s): _____

Depot or Facility you work at: _____

Regular shift: _____

Do you need to be 'booked-off' for this course? (in other words, would you normally be working during the day/hours of the course?) _____

Would you be willing to share your knowledge with your co-workers? _____

What topics of education or courses would you like the Vancouver Local to provide?

Have you previously taken any courses with CUPW? _____

If so, when and which course(s)?

Other issues/feedback you would like the Local to be aware of?

