

2025 Family Education Program Application Form



REGISTRATION DEADLINE: FRIDAY, MARCH 14TH, 2025

- - - PLEASE PRINT CLEARLY - - -

- Male
- Female
- Non-Binary

Member's Name: _____
First Name Last Name

Local Union No. _____ Lodge # (if applicable): _____

Employed at: _____

Please provide the **LAST 6 DIGITS** of your Social Insurance No.: _____
(This is required for tracking attendance of past participants.)

Complete mailing address: _____
(Apt. #, house number, street name, P.O. Box, R.R. #)

City: _____ Province: _____ Postal Code: _____

Personal E-mail: _____

Home Phone #: (_____) _____ Cell Phone #: (_____) _____

Have you or your spouse/partner previously attended the Family Education Program as a member of ANY Unifor Local? Yes No

If yes, what year did you attend? _____

****PLEASE NOTE:** You are **NOT ELIGIBLE** to attend the Family Education Program if you have attended within the last 7 years.

Will your spouse/partner accompany you? Yes No

If yes, provide First & Last Name: _____

Will dependent children attend the program with you? If so, please provide their information below.

PLEASE NOTE: Your dependent children (up to and including the age of 18) may accompany you. *This DOES NOT include nieces, nephews, grandchildren, etc.* Bring proof of health coverage for emergency medical.

First & Last Name	Date of Birth (Month / Day / Year)	Gender

Our ability to accommodate is based on the information you provide to us in advance. Do you, or anyone in your family, have special needs/requirements we should be aware of (including, but not limited to: wheelchair access, food allergies, learning disabilities, hearing/vision impairment, ADHD, Autism, behavioural issues, etc.)? **When completing this section, be sure to note the family member you are referring to.** Please provide complete details so we can be prepared so that you and your family can enjoy the program. (Attach additional pages if necessary.)

Listed below are the dates of each program scheduled for this summer. Indicate your first choice by placing a “1” in the appropriate box. If you are available and able to attend an alternate session, place a “2” in the box of your second choice. ***IF IT’S NOT POSSIBLE TO ATTEND AN ALTERNATE SESSION DUE TO WORK VACATION SCHEDULE, DO NOT NOTE A 2ND CHOICE. EARLY DEPARTURES FROM THE PROGRAM CANNOT BE ACCOMMODATED.***

- SESSION #1 – Sunday, July 6th through Sunday, July 13th *inclusive***
- SESSION #2 – Sunday, July 20th through Sunday, July 27th *inclusive***



If your trip involves air travel, please specify the city from which you would like your initial flight to originate:

Please read and check off the important information below, and sign that you have read and understood the following:

- Each participant must contribute **their** time (vacation, personal leave, etc.) **NO LOST TIME, MILEAGE OR PER DIEM WILL BE PAID.**
- Plane tickets will be provided by the National Union if you are travelling more than 500 km one way.
- Your application must be signed by your Local Union PRESIDENT or FINANCIAL SECRETARY, to verify you are a member in good standing, and therefore eligible to attend the program.
- Participation in class is **mandatory** for **ALL** family members – including infants and children.
- Program runs from Sunday evening through to the following Sunday at approximately 11:00 am - early departures from the program cannot be accommodated.
- Unifor will provide, free of charge, food and lodging to each participant (and their family members) during your stay at the Education Centre.

I have read and understood the above:

Signature of Applicant: _____

Date of Application: _____

Note to Local Union President/Financial Secretary:

All members are eligible to attend the Family Education Program, providing they are Members in Good Standing. Paid Education Leave (PEL) is not required to attend this program as no lost time is paid, and members contribute their own time to attend (vacation, personal leave, etc.). Your Local will not be billed for any costs as a result of this applicant attending the Family Education Program.

I certify the Applicant to be a member in good standing.

(PLEASE PRINT)

(SIGNATURE)

President **Financial Secretary**

Date: _____

Return completed applications BEFORE FRIDAY, MARCH 14TH to:

Amy Buckley, Unifor Education Department
e-mail: Family.Education@unifor.org
mail: 115 Shipley Avenue, Port Elgin, ON, N0H 2C5

Selection of applicants will take approximately two weeks AFTER the deadline date. All applicants will be advised in writing of the disposition of their application. Questions can be directed to Amy Buckley at Family.Education@unifor.org or 1-800-265-3735, extension 3217.