



**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?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_