

## Recruitment Tool



# TRAINERS' RECRUITMENT INFORMATION SHEET

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### Note to trainers

We ask all trainers to answer every question. Incomplete or late forms will be automatically rejected. The union training advisor of the LRD-CSN and the RVPs of the Union Training Joint Committee will carry out an analysis of applications.

Name: \_\_\_\_\_

First name: \_\_\_\_\_

Home address: \_\_\_\_\_

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Postal code: \_\_\_\_\_

Home phone:    \_\_\_\_\_ - \_\_\_\_\_

Work phone:    \_\_\_\_\_ - \_\_\_\_\_

Other (cell, pager):    \_\_\_\_\_ - \_\_\_\_\_

Fax:            \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please indicate  
the telephone  
number where it  
will be the  
easiest to reach  
you

## UNION EXPERIENCE

1. How many years have you been active with UCCO-SACC-CSN?

\_\_\_\_\_

2. Indicate what type of union responsibilities you have assumed in your union, taking inspiration from the following list.

- |  |  |
|--|--|
| <input type="checkbox"/> President         | <input type="checkbox"/> Communication delegate              |
| <input type="checkbox"/> Vice-president    | <input type="checkbox"/> Responsible for mobilization        |
| <input type="checkbox"/> Shop Steward      | <input type="checkbox"/> Mobilization committee              |
| <input type="checkbox"/> Secretariat       | <input type="checkbox"/> Other positions or responsibilities |
| <input type="checkbox"/> Treasurer         | (specific cases)   |
| <input type="checkbox"/> Grievance         |  |
| <input type="checkbox"/> Health and Safety |  |
| <input type="checkbox"/> Status of Women   |  |

Specify the number of months or years devoted to each duty. Add all relevant information relating to files dealt with during your mandate (for example, *mobilization committee member during two rounds of negotiations* or *active in a major health and safety investigation following a serious accident* or *active in a prevention campaign to eliminate a risk, etc.*).

3. Have you already held an elected position at the regional or national level?

yes       no

Describe the position(s) you have held, the files you have worked on, the number of mandates and the length of the mandate(s). Also mention all specific contributions made to an organization (for example, liberated for two weeks for a campaign).

4. Do you currently hold an elected position at the regional or national level?

yes       no

If yes, what position and at what level? What files have you assumed?

5. Put all positions and length of time in CSC (approximate dates please).

6. Have you attended some of these meetings and if it is the case, mention the approximate number of times for each level.

**CSN**

CSN Convention \_\_\_\_\_

Confederal Council \_\_\_\_\_

**National meetings**

National General Assembly \_\_\_\_\_

Mid Mandate Meeting \_\_\_\_\_

7. Among the values held by UCCO-SACC-CSN, which one has most meaning to you and why?

8. According to you, what skills and abilities do you possess to be an instructor?

9. What is your availability for training in the next three years?

10. Why do you want to provide training in your union?

11. Why should UCCO-SACC-CSN select your application as a trainer?

## **SESSIONS**

1. What training sessions have you participated in so far? Please check.

- |   |  |
|---|--|
| <input type="checkbox"/> <i>Shop Steward</i>                                      | <input type="checkbox"/> <i>Executive</i>                        |
| <input type="checkbox"/> <i>Treasurer</i>   | <input type="checkbox"/> <i>Specialized Mobilization</i>         |
| <input type="checkbox"/> <i>Grievances</i>  | <input type="checkbox"/> <i>127-128</i>                          |
| <input type="checkbox"/> <i>RTW, Fitness to Work and Accommodation</i>            | <input type="checkbox"/> <i>Special Team</i>                     |
| <input type="checkbox"/> <i>Status of Women</i>                                   | <input type="checkbox"/> <i>Rejection on Probation</i>           |
| <input type="checkbox"/> <i>Investigations</i>                                    | <input type="checkbox"/> <i>How to Talk in Public</i>            |
| <input type="checkbox"/> <i>Health &amp; Safety</i>                               | <input type="checkbox"/> <i>Introduction to Union Leadership</i> |
| <input type="checkbox"/> <i>PTSD, Mental Stress and WCB</i>                       |  |
| <input type="checkbox"/> <i>Others from CSN or UCCO-SACC-CSN (please specify)</i> |  |

Indicate if you have participated in other training sessions, outside the labour movement, that you judge relevant on a personal level. For example, training in community groups or in an institution (adult education, colleges, etc.) on matters such as communication, organization, health & safety, status of women, law, teamwork, etc.

2. Have you already been an instructor? In any capacity? On what subjects and when?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ALL QUESTIONNAIRES MUST BE RETURNED TO THE:**

**Union Training Joint Committee (UCCO-SACC-CSN)**

**A/S Union Advisor of the LRD-Training Unit-CSN**

**Conseillère syndicale au SRT-formation-CSN**

**1601, De Lorimier Avenue, Montréal, QC H2K 4M5**

**Or**

**[secretariat-ucco-sacc@csn.qc.ca](mailto:secretariat-ucco-sacc@csn.qc.ca)**

*Adopted October 10, 2014*