

TRAINER'S RECRUITMENT INFORMATION SHEET



Note to Candidates

We ask all candidates to answer every question. Incomplete or late forms will be automatically rejected. The union training advisor of the CSN Training module and the Regional Vice Presidents will carry out an analysis of applications.

Last name:	First name:	
Home address:		
City:		Postal Code:
Please indicate the telephone number where it will be the easiest to reach you.	Home phone: Work phone: Cell phone:	

UNION EXPERIENCE

Fax:

- 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:

Personal email:

President Treasurer Communication delegate
Vice-President Grievances Responsible for mobilization
Shop Steward Health and Safety Mobilization Committee

Secretariat Status of Women Other positions or responsibilities (specific cases)

Specify the number of months or years you devoted to each duty. Add all relevant information relating to files dealt with during your mandate (for example, a *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 the risks,* etc.).

	ne fils you have worked on, the number of mandates and ioned all specific contributions made to an organization
4. Do you currently hold an elected posit If yes, what position and at what level? W	
5. Write all positions you held in CSC, spo (approximate dates please)	ecify their length of time and in which institution
6. Have you attended some of these mee	tings? If yes, please indicate the number of times for
CSN	UCCO-SACC-CSN
CSN Convention	National General Assembly
Confederal Council	Mid-Mandate Meeting

7. Among the values held by UCCO-SACC-CSN, which one has the most meaning to you and why?
8. According to you, what skills and abilities do you possess to be a trainer?
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?
<u>SESSIONS</u>
12. What training sessions have you participated in so far? Please check. Union Executive—Shop Steward Introductory Training Course Occupational Health and Safety and Canada Labour Code Union Representation during the employer's investigation and disciplinary processes Other CSN or UCCO-SACC-CSN training (please specify)
Indicate if you have participated in other training sessions, outside the labour movement, that you judg relevant on a personal level. For example, training in community groups or in an institution (adu education, colleges, etc.) on matters such as communications, organization, health and safety, status of women, law, teamwork, etc.
13. Have you already trained others? In any capacity? On what subjects and when?
Signature Date
ALL TRAINER'S RECRUITMENT INFORMATION SHEET MUST BE RETURNED TO THE:
Union Training Joint Committee (UCCO-SACC-CSN) c/o Union Advisor—CSN Militant Training 1601 De Lorimier Avenue, Montreal, Quebec H2K 4M5 or

SECRETARIAT-UCCO-SACC@CSN.QC.CA