



Course Name: **4 WEEK P.E.L.**

Year: Spring: or Fall:

PLEASE PRINT CLEARLY

First name _____
 Last Name _____
 S.I.N. # - - _____
 Seniority Day Month year _____
 Clock # _____
 Address _____

 City _____
 Province _____
 Postal Code - _____
 Phone () - _____
 Cell _____
 Work _____

- 1 Have you applied for 4 week P.E.L. before?
- 2 Do you regularly attend Local 199 Union meetings?
- 3 Do you currently hold an elected or appointed position?
- 4 Have you attended McMaster Labour Studies courses?
- 5 List the last three Union positions that you have ran for or standing committees that you have sat on.
 - 1 _____
 - 2 _____
 - 3 _____
- 6 List the last three Union activities or events that you have attended.
 - 1 _____
 - 2 _____
 - 3 _____
- 7 List the last three P.E.L. or other labour sponsored courses that you have taken.
 - 1 _____
 - 2 _____
 - 3 _____

Y	N
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Local Unit: _____

8. Why do you want to attend the 4 week P.E.L. program and how will you use this new knowledge?

Applicant Signature: _____

Date: _____

Day Month Year

- - -

Authorized By: _____
 (signature)

Title : _____