

2008 LBED Health and Safety Training Project—Acting Together for Safer Workplaces

Personal Assistance and/or Special Needs request form

PLEASE PRINT

NAME _____ LOCAL _____

IF APPLICABLE, PLEASE FILL IN AND RETURN TO _____ ALONG WITH YOUR ATTENDANCE/ADVANCE FORM.

Email: _____

Fax: _____

- Blind or visually impaired
- Deaf or hearing impaired
- Wheelchair hub to hub measures: _____cm
- I use crutches and need to be near an elevator
- I will need assistance evacuating my room
- Food allergies (please specify) _____
- Vegetarian

Please specify any other requirements: _____
