

Violence in the Workplace Campaign

Personal Assistance and/or Special Needs request form

PLEASE PRINT

NAME _____

LOCAL _____

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

Email: jevans@opseu.org

Fax: 416 443 1762

- 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: _____
