



Date: June 11, 2010

**TO: ALL PRESIDENTS IN REGION THREE OR THEIR DESIGNATE; UNIT STEWARDS IN COMPOSITE LOCALS; PHRC DELEGATE; PWC DELEGATE; PYWC DELEGATE; PRESIDENTS OF AREA COUNCILS OR THEIR DESIGNATE.**

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Dear Brother/Sister:

**RE: SEPTEMBER 25 & 26, 2010 EDUCATIONAL  
DELTA GRANDVIEW RESORT, HUNTSVILLE**

We have enclosed a call for the Region 3 educational to be held on September 25 & 26, 2010 at the Delta Grandview Resort, 939 Highway 60, Huntsville (phone 705-789-4417).

You will find the following in this package:

1. **Attendance & Advance Form** (to be forwarded to your Local President for prioritization.) Accommodations must be booked and paid for by yourself. *Extra or incidental charges are to be paid by the member as well.*
2. **Application for Regional Education, 2010** (to be forwarded along with your Attendance & Advance form).
3. **Child Care.** If numbers are sufficient Child Care will be arranged; however, *Children should be supervised by their parent. Complete the "Registration Sheet for Child Care" only if child care is required at the Resort.*
4. **Personal Assistance / Needs form** – if required please fill out and return.
5. Description of Courses to be offered.
6. Upcoming 2010 Educationals
7. Information Sheet – outlines certain educational policies.
8. O.P.S.E.U. Harassment / Discrimination Policy / Scents / Nut-Free / Smoking
9. Map

**Application to be sent to: O.P.S.E.U.  
1789 Stenson Blvd., Suite 4  
Peterborough K9K 2H4  
or Fax: (705) 741-5362**

**DEADLINE FOR APPLICATION to reach the *Peterborough Regional Office* is  
SUNDAY, JULY 25, 2010.**

The negotiated weekend package room rate will be **\$149.00 (plus all applicable taxes) per single room booked per person per night (which includes dinner Friday night, breakfast, lunch and dinner on Saturday and breakfast and lunch only on Sunday)**. Should you twin-share your room with another member (or spouse), the room rate will only be \$79.00 per person per night.

**Spouses and children must pay for your meals upon exiting the dining room. *Children 18 years of age and under when sharing accommodation are complimentary. Children 6 and under when dining with adult are complimentary, 7-12 are half price and over 13 full price.***

**Expenses for dependent care** will be paid or provided in accordance with OPSEU's policies.

**Lost wages** will be reimbursed for shift workers only in accordance with current OPSEU policy. Documentation must be submitted with your claim.

**Own time is not paid** for a weekend education.

**Time off arrangements** are to be made by the member. No time off arrangements are made for educational seminars.

**Check-in time:** after 4 p.m. on Friday      **Checkout time:** by 11 a.m. on Sunday.

Should you require additional information, please call your Regional Office.

In solidarity,

Twila Marston  
Sector Representative  
Peterborough Regional Office

cc. Region 3 Executive Board Members  
Oshawa and Orillia Regional Offices  
Steve Nield, A/Supervisor, Local Services  
Education/Campaigns Department  
Accounting Department

P.S. You will receive a confirmation letter if selected.

**ATTENDANCE & ADVANCE FORM  
REGION 3 EDUCATIONAL  
SEPTEMBER 25 & 26, 2010**

PERSONAL INFORMATION	<b>LOCAL:</b> _____	<b>UNION #</b> _____
	<b>Name:</b> _____	_____
	_____	_____
	<b>Home Address:</b> _____	_____
	_____	_____
	<b>Phone Numbers:</b> _____	_____
<b>E-Mail:</b> _____	_____	
_____	_____	_____

COURSE SELECTION	<b>STEWARDSHIP 1</b>		<b>STEWARDSHIP 2</b>	

ACCOMMODATION **DELTA GRANDVIEW RESORT**  
 939 Highway 60, Huntsville  
 Tel: 1-705-789-4417 Fax: 705-789-2611 to Katie Lister ([klister@deltahotels.com](mailto:klister@deltahotels.com))  
**Book your own room before August 21, 2010**

You are responsible for contacting the Delta to book your accommodation. As per OPSEU Policy, members will be reimbursed for the cost of twin-shared occupancy only. Members who bring children to Union events will be entitled to single accommodation and meal expenses. Members will be responsible for payment of hotel room upon check-out.

Are you a day tripper? Yes  No

Do you live within 60 km. of the Delta Grandview Yes  No

**Single: \$149.00 per person per day Double: \$79.00 per person per day**  
 (Taxes not included)

LOST WAGES Lost wages will be considered according to the Education Policy.  
 Will you be applying for lost wages:  Yes  No  
 If yes, indicate: Number of hours: \_\_\_\_\_ Hourly rate: \_\_\_\_\_ Total wages being claimed: \_\_\_\_\_  
**NO LOST WAGES WILL BE PAID UNLESS REQUESTED ON THIS FORM**

ADVANCE **Yes**  **No**

Amount \$ \_\_\_\_\_ Sent to: Home  Meeting  Regional Office

DINNER Will you be there for dinner on Friday evening (served between 5:30 p.m. to 8:30 p.m.)?  
**Yes**  **No**

SPECIAL NEEDS **Yes**  **No**  *Please complete Personal Assistance Form attached*

<b>LOCAL AUTHORIZATION:</b>	<b>PRIORITY RANKING #</b> <input type="text"/>
Name: _____	Local: _____
President or Designee: _____	Signature: _____

**APPLICATIONS WILL NOT BE PROCESSED WITHOUT THE REQUIRED LOCAL PRESIDENT'S AUTHORIZATION!!!**

**\*\* IMPORTANT: Deadline for Application to reach the Peterborough Regional Office (FAX 705-741-5362) is SUNDAY, JULY 25, 2010**

**MANDATORY: YOU MUST FORWARD TO YOUR LOCAL PRESIDENT ALONG WITH ALL NECESSARY COMPLETED FORMS, SO THAT YOUR LOCAL CAN PRIORITIZE YOUR APPLICATION.**

**APPLICATION FOR REGIONAL EDUCATIONAL, 2010**

NAME : \_\_\_\_\_ LOCAL: \_\_\_\_\_

- 1) Office presently held in your Local:
  
- 2) Office(s) previously held in your Local:
  
- 3) Union activities to date: campaigns, committees, handling grievances, health & safety, relevant activity.
  
- 4) What do you plan to do with the skills you will acquire in this course?
  
- 5) OPSEU is committed to achieving equitable participation of designated group members in its education programs. Your indication of your designated group status on this form will assist us in assessing our progress in reaching this goal.

Aboriginal	yes [ ]	no [ ]
Racial minority	yes [ ]	no [ ]
Woman	yes [ ]	no [ ]
Person with disability	yes [ ]	no [ ]
Francophone	yes [ ]	no [ ]
This section does not apply	[ ]	

**ONLY COMPLETE IF YOU BRING YOUR CHILD(REN) TO THE EDUCATIONAL AND REQUIRE CHILD CARE AT THE RESORT.**

**NOTE: IF SPOUSE ATTENDS, CHILD CARE WILL NOT BE PROVIDED**

**REGISTRATION SHEET FOR CHILD CARE**

This form **MUST BE** completed and returned if requesting Child Care at the resort.

CHILD(REN)'S NAME

AGE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your child will be at the **Grandview Resort**, does s/he have allergies, medical or special care needs?  
If yes, please specify:

**\*\*\*\*\* HAVE YOUR CHILD BRING A FAVOURITE TOY AND BATHING SUIT\*\*\*\*\***

Childcare will be available during the hours the school is in progress.

Signature of parent:\_\_\_\_\_

Name of parent (print)\_\_\_\_\_

Address:\_\_\_\_\_

Phone: (Home)\_\_\_\_\_ (Business)\_\_\_\_\_

Please return this form with your application to be received by **Sunday, July 25, 2010** to the Peterborough Regional Office (FAX 705-741-5362).

# **PERSONAL ASSISTANCE/NEEDS FORM**

NAME: \_\_\_\_\_ LOCAL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

## **SPECIAL NEEDS**

Please check any of the following which affect you:

Special Diet: \_\_\_\_\_

Blind or Visually Impaired: \_\_\_\_\_

Deaf: \_\_\_\_\_ or Hearing Impaired: \_\_\_\_\_

Wheelchair: \_\_\_\_\_ Crutches: \_\_\_\_\_

Other: (please specify) \_\_\_\_\_

1. I require the following considerations regarding my health/and or diet:

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2. Any additional requests:

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## **COURSE DESCRIPTIONS FOR SEPTEMBER 25 & 26, 2010**

### **STEWARDSHIP 1**

The course aims to support the new Steward as part of the Local leadership team. It focuses on the roles of the Steward, mapping the membership, navigating the structure of OPSEU, communicating effectively with members, and understanding our Union's struggle to challenge privatization.

Participants must have completed Part one prior to registering in Part two.

### **STEWARDSHIP 2**



#### **Prerequisite: Part One**

This course aims to strengthen the new Steward's skills to act effectively as part of the Local leadership team. It focuses on writing and filing a grievance and understanding the grievance procedure, facing management and mobilizing members around specific issues.






## **2010 UPCOMING EDUCATIONALS**

### **All to be held at the Delta Grandview Resort in Huntsville**

#### **September 25/26**

-  Stewardship 1 (please bring your Collective Agreement with you)
-  Stewardship 2 (please bring your Collective Agreement with you)

#### **November 27/28**

-  Health & Safety 2
-  WSIB 2
-  Greening OPSEU
-  LEC (new course)
-  Advanced Grievance Handling (please bring your Collective Agreement with you)

### **IMPORTANT NOTE ON PREREQUISITES:**

***You must have Part 1 of the course before you take Part 2***

# **INFORMATION SHEET**

## **APPLICATIONS**

- ❑ Application forms must be signed by the Local President, and received by the **Peterborough Regional Office** no later than **SUNDAY JULY 25, 2010.**

## **CANCELLATIONS**

- ❑ A member cancelling participation must notify the Local President **AND** the PETERBOROUGH REGIONAL OFFICE as soon as possible so that another member may be placed into their spot. If you have booked a room at the Delta Grandview, and you are cancelling, do not forget to cancel your room!!
- ❑ Failure to cancel, the Resort's assessed penalty will be two days accommodation and the participant will be responsible for the total payment (i.e. \$158.00 twin shared cost or \$298.00 single total for two days), plus a **further \$50.00 penalty will be deducted from the Local's next rebate.** Extenuating circumstances will be considered. (quantum of penalty under review).

## **ALLOWANCE/REIMBURSEMENT**

- ❑ Members will be reimbursed for Child Care at \$6.00 an hour for a maximum of 12 hours, and \$40.00 overnight, to a maximum of \$112.00 per 24 hour period, and must be signed by care provider(s).
- ❑ Childcare claims will be honoured for children up to and including age 16, for whom the member is guardian.
- ❑ Care may be provided by friends/family, professional or commercial services, or any other arrangement satisfactory to the member making the claim. Claims may be verified and must be signed by the service provider.

## **ELDER/DEPENDANT CARE**

- ❑ Members who have responsibility for elderly/dependant persons living with them as part of their family may claim for their care.
- ❑ Members will be reimbursed for family/attendant care at \$6.00 an hour for a maximum of 12 hours, and \$40.00 overnight, to a maximum of \$112.00 a day.
- ❑ This policy covers the expenses for persons over the age of 16, permanently residing with, and under the care of a member, who are differently-abled and/or aged.

## Statement of Respect to be Read out at All OPSEU Events

Whenever OPSEU members gather, we welcome all peoples of the world. We will not accept any unwelcoming words, actions or behaviours against our sisters and brothers.

We accord respect to all persons, regardless of political affiliation, including people of colour, women, men, First Nations men and women, Métis or other Aboriginal peoples, members of ethno-racial groups, people with disabilities, gays, lesbians, bisexual, trans-gendered/transsexual peoples, francophones and all persons whose first language is not English.

In our diversity we will build solidarity as union sisters and brothers.

If you believe that you are being harassed or discriminated against, inform the Facilitator or Instructor for immediate assistance.



We also remind you of our policies that designate all OPSEU events as  
**Scent free – Nut free – Smoke free**

We ask all participants to turn off cell phones, smoke outside and refrain from the use of perfumes and colognes or nuts.



Map to



**DELTA**

GRANDVIEW RESORT

Resort Reservations

1-877-472-6388

[www.deltahotels.com](http://www.deltahotels.com)

