



APPLICATION FORM

Name: _____

Address: _____

Social insurance number: _____

Group and level: _____ Local: _____

Name and address of learning institute: _____

Name of course: _____

Course date: _____ Tuition fee: _____

Are you receiving funding from another source to attend this course? Yes No

If yes, please explain:

Submit to: Alisha Campbell
National President
Union of National Employees
150 Isabella Street, 9th Floor
Ottawa, ON K1S 1V7
E-mail: President@une-sen.org