



CUPE NATIONAL CONVENTION

**November 22 – November 26**

Email: [convention@cupe.ca](mailto:convention@cupe.ca)

Web: [cupe.ca](http://cupe.ca)

Hashtag: #cupe2021

CONGRÈS NATIONAL DU SCFP

**22 novembre – 26 novembre**

Courriel : [congres@scfp.ca](mailto:congres@scfp.ca)

Internet : [scfp.ca](http://scfp.ca)

Mot-clé : #scfp2021

## ACCESS AND SERVICES FOR PERSONS WITH DISABILITIES

This form should be completed by the delegate attending the 2021 CUPE Convention and requiring assistance. Please ensure the document is returned with the completed credential to the CUPE National Office by **October 8, 2021**. Copies of this form are available for download at [cupe.ca](http://cupe.ca).

CUPE will endeavour to make appropriate arrangements for all requests received by the deadline.

Name: \_\_\_\_\_

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

Chartered organization (local, council, etc.): \_\_\_\_\_

Telephone: daytime (    ) \_\_\_\_\_ evening (    ) \_\_\_\_\_

Email: \_\_\_\_\_

### WHICH OF THE FOLLOWING APPLIES TO YOU?

- ☐ Wheelchair/Scooter user
- ☐ Alternate print user (such as large print)
- ☐ Sign language or real time captioning user
- ☐ Noise Sensitivity

Other: \_\_\_\_\_

### DO YOU REQUIRE CONVENTION MATERIAL IN:

- ☐ USB Key: File type (Word, PDF, ...) \_\_\_\_\_
- ☐ Large print: Font style and size: \_\_\_\_\_
- ☐ Other \_\_\_\_\_

Please specify: \_\_\_\_\_

### WHICH OF THE FOLLOWING DO YOU REQUIRE US TO PROVIDE?

- ☐ Wheelchair/Scooter: ☐ electric ☐ manual
- ☐ Sign language interpretation: ☐ ASL ☐ QSL
- ☐ Real-time captioning
- ☐ Noise cancelling headphones
- ☐ Other \_\_\_\_\_

Please specify: \_\_\_\_\_



**WILL YOU BE ACCOMPANIED BY A PERSONAL CARE ATTENDANT?**

☐ Yes ☐ No

Do you need CUPE to hire a personal care attendant? ☐ Yes ☐ No

If yes, please describe your needs? \_\_\_\_\_

Please list emergency contact information for your personal care attendant.

Do you require assistance in the event of an emergency? ☐ Yes ☐ No

If yes, please provide details: \_\_\_\_\_

**DO YOU REQUIRE ACCESSIBLE TRANSPORTATION FROM THE AIRPORT?**

☐ Yes ☐ No

If yes, CUPE will provide names and contact details of local accessible taxis.

**WHICH OF THE FOLLOWING WOULD YOU REQUIRE AT THE HOTEL?  
(NOTES THIS APPLIES TO HOTELS BOOKED THROUGH WE TRAVEL ONLY)**

Wheelchair accessible – Roll-in shower ☐ Yes ☐ No

Flashing lights technology ☐ Yes ☐ No

Other requirements (please explain): \_\_\_\_\_

Will you be accompanied by a guided dog? ☐ Yes ☐ No

Do you have any other accommodation needs? ☐ Yes ☐ No

If yes, please specify:

Other comments: \_\_\_\_\_

Please return the completed form  
with your credential to:  
**(to be received no later than  
October 8, 2021)**

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