



CUPE'S NATIONAL CONVENTION  
**October 6 – October 10**  
Email: [convention@cupe.ca](mailto:convention@cupe.ca)  
Web: [cupe.ca](http://cupe.ca)  
Hashtag: #cupe2025

CONGRÈS NATIONAL DU SCFP  
**6 octobre – 10 octobre**  
Courriel : [congres@scfp.ca](mailto:congres@scfp.ca)  
Internet : [scfp.ca](http://scfp.ca)  
Mot-clé : #scfp2025

## ACCESS AND SERVICES FOR PERSONS WITH DISABILITIES

This form should be completed by the delegate attending the 2025 CUPE'S National Convention and requiring assistance. Please ensure the document is returned to the CUPE National Office by **August 22, 2025**. 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
- ☐ Sensory Sensitivity
- ☐ Mobility Issues
- ☐ Other. Please specify: \_\_\_\_\_

### DO YOU REQUIRE CONVENTION MATERIAL IN:

- ☐ USB Key: File type (Word, PDF, etc) \_\_\_\_\_
- ☐ 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
- ☐ 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 the 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 taxis in the area.

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

Wheelchair accessible – Roll-in shower ☐ Yes ☐ No

Flashing lights technology ☐ Yes ☐ No

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

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

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

If yes, please specify: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return the completed form to:  
**(no later than August 22, 2025)**

Canadian Union of Public Employees  
Convention Office  
1375 St. Laurent Blvd.  
Ottawa, Ontario K1G 0Z7