



FINAL NOTICE

INJURED WORKERS ADVOCACY / HEALTH & SAFETY COMMITTEES CONFERENCE

“BACK TO BASICS”

Crowne Plaza Hotel

5685 Falls Ave.

Niagara Falls, Ontario L2E 6W7

Wednesday, January 23rd to Sunday, January 27th, 2013

- All hotel reservations are to be made through W.E. Travel at 1-888- 676-7747 no later than **December 27th, 2012**
- Registration Fee: Affiliates \$215.00
- Non-Affiliates - \$375.00
- Late Fee per Delegate after January 11th - \$50.00

We are combining the conference this year in order to review the many legislative changes created by the Dean Report and ongoing reviews of the Workplace Safety and Insurance Board. We have also extended the conference by one day to accommodate full discussions on the many challenges facing locals.

This is a fragrance-free conference

If you require on-site child care, Simultaneous French Translation, ASL, or have any other accessibility needs, please see our website at www.cupe.on.ca or contact our office at 905-739-9739.

THESE FORMS MUST BE COMPLETED AND RETURNED BY JANUARY 4TH, 2013

If you require this notice in French, please also visit our website

**INJURED WORKERS ADVOCACY /
HEALTH & SAFETY COMMITTEES CONFERENCE**

January 23rd to 27th, 2013
Crowne Plaza, Niagara Falls

AGENDA

Wednesday, January 23rd

3:00 – 5:00 pm New and Young Members Orientation
5:00 – 7:00 pm Registration
7:00 – 9:00 pm Call to Order and Plenary Session
CUPE Ontario Secretary-Treasurer Candace Rennick

Thursday, January 24th

8:30 – 9:00 am Registration
9:00 – 12:00 pm CUPE Ontario President Fred Hahn
Guest Speakers (TBA)
OHCO presentation and ODRT presentation
12:00 – 1:30 pm Lunch Break
1:30 – 5:00 pm H&S panel discussion (Prevention & Psychosocial Safety in RTW
with Q&A Session.
Guest Speakers Curtis VanderGriendt and Terri Aversa
Evening Free time
*Equality Caucus and *OSBCC/OUWCC Terms of Reference Meeting*

Friday, January 25th

9:00 am – 12:00 pm First Workshop Session
H&S: 1. Understanding How the Workplace Affects our Physical
and Mental Health
2. Ensuring a Safe and Healthy Return to Work
WSIB: 3. Electronic Evidence
4. Duty to Accommodate
12:00 – 1:30 pm Lunch Break
1:30 – 5:00 pm Second Workshop Session

Saturday, January 26th

9:00 am – 12:00 pm H&S & WSIB Q&A Panel Discussion
12:00 – 1:30 pm Lunch Break
1:30 – 5:00 pm Break out Strategy Session - Sector Specific
Evening Social – DJ and Dance... all welcome and encouraged to attend!

Sunday, January 27th

9:00 am – 12:00 pm Report Back
Action Plan
Committees' Business meeting
Wrap up
Adjournment

WORKSHOP DESCRIPTIONS

1. **H&S: Understanding How the Workplace Affects our Physical and Mental Health**

Workers spend a large part of everyday at work. The way work is organized and the quality of our relationships in the workplace can have a huge impact on our physical and mental well-being. This is especially important for workers that are ill or injured and are returning to the workplace. The workshop will explore the factors that can determine the psychological safety of the workplace, how to assess them and determine if their impact on our members creates a problem. Participants will develop tools and strategies to start addressing the issues and make our CUPE workplaces psychologically safe and healthy.

2. **H&S: Ensuring a Safe and Healthy Return to Work**

Our CUPE members often get ill or injured at work. After they have taken the time to heal, it is time for them to reintegrate the workplace, but they are particularly vulnerable to re-injury. There are many different levels of prevention, and understanding and applying all levels of prevention is important to those returning to work. This workshop will explore the levels of prevention and how to apply them in the particular case of the return to work of an ill or injured worker. Workshop participants will gain the knowledge and tools necessary to ensure a safe and healthy return to work, how to exercise their health and safety rights and responsibilities and how this can be extended to the all our members in the workplace.

3. **WSIB: Electronic Evidence**

This workshop will give participants the tools to understand the benefits and perils of the effect of the use of various models of surveillance used by employers and the WSIB on members in relation to their WSIB claims.

4. **WSIB: Duty to Accommodate**

This workshop will give participants the general understanding of the current process when faced with the Human Rights Code and dealing with getting workers “back to work” from both compensable and non-compensable injuries. Various legislations will be explored.



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**Please indicate preference for H&S OR WSIB workshops
AND level of experience (Beginner=B or Advanced=A)**

Saturday Workshops:

- | | |
|--|--|
| <ul style="list-style-type: none"> 1. Understanding How the Workplace Affects our Physical and Mental Health (H&S) 2. Ensuring a Safe and Healthy Return to Work (H&S) | <ul style="list-style-type: none"> 3. Electronic Evidence (WSIB) 4. Duty to Accommodate (WSIB) |
|--|--|

(please enter workshop choice by #)

NAME	PHONE NUMBER / EMAIL	H&S B=Beginner A=Advanced	WSIB B=Beginner A=Advanced	Fri Workshop #	
				1 st	2 nd

REGISTRATION FEE:	AFFILIATES	\$215.00 X	___	= \$	_____
	NON-AFFILIATES	\$375.00 X	___	= \$	_____
	LATE FEE per delegate (after Jan 11)	\$ 50.00 X	___	= \$	_____
	TOTAL			\$	_____

(NOTE: the surcharge of \$160.00 for non-affiliates would be applied to the first per capita tax payment if a local joins the Ontario Division within three months of the conference)

Please make cheque payable to "CUPE ONTARIO" and forward with Registration Form to:
 Injured Workers Advocacy /Health & Safety Conference
 CUPE Ontario, 80 Commerce Valley Dr. E., Suite 1, Markham, Ontario L3T 0B2
 Phone: 905-739-9739 Fax: 905-739-9740

SECRETARY:	LOCAL NO.
ADDRESS:	
PHONE NO.	SIGNATURE:
EMAIL:	



INJURED WORKERS/H&S CONFERENCE ACCESS REQUEST FORM

Local No. _____

(Please print or type)

Name of Delegate: _____

Address: _____

Postal Code

Telephone: (home) _____

(office) _____

Email: _____

Please check service(s) required (All services will be provided by CUPE Ontario):

Guide/Personal Assistance

I will provide my own One is required

	Hotel	Event
ASL Interpretation	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair / scooter access	<input type="checkbox"/>	<input type="checkbox"/>
Assistance at check in/Registration	<input type="checkbox"/>	<input type="checkbox"/>
Assistance in case of evacuation	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

Alternative Communication

- French Translation
- Real Time Captioning
- Alternative Media
- Large Print (Font Size _____)

**I Need Materials in advance
(in order to accommodate a disability)**

Electronically

Serious allergy alert (Please specify)

Will you require any other accommodations at the event? (Please specify)

Will you require any other accommodation at the hotel (such as TTY, visual alarm, etc.) (Please specify)

Other services? (Please specify)

Please complete and return by **January 4th, 2013** to:
CUPE Ontario Access Request
80 Commerce Valley Dr. E., Suite 1
Markham, Ontario L3T 0B2
905-739-9739 or FAX: 905-739-9740



CUPE ONTARIO

On-Site Child Care Registration

Any delegate intending to bring their child(ren) to a conference, please complete a **separate form for each child to be registered**. (Additional copies may be photocopied).

NAME OF FUNCTION	DATES

CHILD'S NAME	Age	Medical Problems, Allergies or Special Care

CONSENT

I, _____ (parent/guardian) hereby give permission for my child registered above to participate in various recreational and leisure activities offered by the trained staff of the On-Site Child Care during the period of the above-named conference.

RELEASE OF RESPONSIBILITY

I, _____ (parent/guardian) hereby release CUPE Ontario from any and all claims for damages to the safety or health of my child registered above, howsoever caused, while participating in any activities of the On-Site Child Care during the period of the above-named conference.

Signature of Parent/Guardian: _____ Date: _____

Name of Parent/Guardian: _____

Address : _____

_____ Postal Code _____

Phone (home) _____ (work) _____ Local No. _____

Signature of Witness: _____ Date: _____

Name of Witness: _____

(please print)

Please complete and return the above form

BY JANUARY 4TH to:

On-Site Child Care Registration

CUPE Ontario, 80 Commerce Valley Dr. E., Suite 1, Markham, ON L3T 0B2

Phone: 905-739-9739 Fax: 905-739-9740

GUIDELINES FOR LOCAL ASSISTANCE TO SECTOR CONFERENCES

CRITERIA

In order to be considered for local assistance the local must fall into one of the 4 categories:

1. Small local from the sector of less than 100 members
2. A Northern local located north of the French River or more than 500 kms from the location of the event
3. A newly organized local union currently negotiating their first collective agreement
4. A local which has been on strike or locked out within the previous year leading up to conference.

In order for a local to be considered for local assistance the following must apply:

1. With the exception of locals negotiating a first collective agreement, the local must be up to date with its CUPE Ontario Per Capita Payments
2. For purposes of this requirement - up to date shall be not more than 3 months in arrears at the time of the conference subsidy being awarded
3. The local must demonstrate an inability to pay

DEMONSTRATING INABILITY TO PAY

A local's inability to pay will be determined based on cash assets in excess of 10x the amount to send one delegate to the conference in question. For example, if it is determined that the cost to send one delegate is \$1,000.00 the local must have less than \$10,000 available to them in cash. The following process will be applied:

1. Once an application form is received, the Secretary-Treasurer will determine the cost of the local's participation based on their delegates' current day reality (location, wages, accommodation, registration fees).
2. The local will be required to demonstrate an inability to pay by submitting to the Secretary-Treasurer a recent and approved local trustees report. The local will also be required to send a copy of their bank statement which will identify cash assets.
3. Office furniture and equipments as well as property will not be considered for purposes of determining assets.
4. Special circumstances, like a pending arbitration or strike averting campaign will be considered when determining the local's inability to pay.

APPLICATION

In order to be considered for assistance to attend an event an application must be filled out and sent back to the Secretary-Treasurer by the deadline specified on the assistance form. Such form and guidelines shall be mailed with the conference call notice.

FINANCIAL ASSISTANCE

Local assistance shall be built into the conference budget using conference revenue. Assistance shall be limited to the following:

1. Assistance will normally be limited to one member per local. Assistance will not be available if the local is otherwise sending a delegate.
2. The registration fee to attend the event shall be waived and such delegate will be entitled to all rights and privileges in accordance with the sector by-laws.
3. Return travel shall be provided in the case of air or train travel and reimbursement of mileage in the case of automobile travel. The decision should be based on the most economical and reasonable method of travel.
4. Where possible and where a conference has any unused complimentary rooms, accommodation may be provided as well.

NEWLY ORGANIZED LOCALS

Some additional support may be provided in recognition of newly organized locals who have no collective agreement and no union dues being collected. Such support to be considered at the time of conference budget planning.



**Local Support Application
For Attendance at
the Injured Workers Advocacy/Health & Safety Conference**

Local # _____

Name of delegate attending event: _____

Contact person for the local: _____

Email Address: _____

Daytime contact number: _____

Number of members in local: _____

Is the local in the process of bargaining a first collective agreement?

YES NO

Has the local been on strike or locked out in the past year?

YES NO

Method of travel: Air Train Drive

Please enclose the following (***does not apply to newly organized locals bargaining a first collective agreement***):

1. Approved recent trustees report
2. Copy of current bank statement

PLEASE RETURN BY JANUARY 4TH, 2013 TO:

Candace Rennick, Secretary-Treasurer
CUPE Ontario
80 Commerce Valley Dr. E., Suite 1
Markham, ON L3T 0B2