



HEALTH CARE WORKERS COORDINATING COMMITTEE

2017 CONFERENCE

FIRST CALL

DATE:

SEPTEMBER 19 - 22, 2017

LOCATION:

**MARRIOTT NIAGARA FALLS
GATEWAY ON THE FALLS**

**6755 FALLSVIEW BOULEVARD
NIAGARA FALLS, ON
L2G 3W7**

If you require small local financial assistance, 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 AUGUST 24TH, 2017

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

HCWCC CONFERENCE 2017

REGISTRATION FEES:

AFFILIATES	\$ 215.00
NON-AFFILIATES	\$ 375.00
LATE FEE (PER DELEGATE) <i>(APPLIES AFTER SEPTEMBER 8, 2017)</i>	\$ 50.00

HOTEL INFORMATION:

ALL RESERVATIONS ARE TO BE MADE THROUGH W.E. TRAVEL:
1-888-676-7747

W.E. TRAVEL IS NOW ACCEPTING RESERVATIONS ONLINE:
<https://wetravel.eventsair.com/codcaco-hcwcc/codcacohcwcc>

\$175.00 + taxes

CITY VIEW ROOM

\$195.00 + taxes

FALLS VIEW ROOM

*Add \$25.00 for each additional person for triple
and quadruple occupancy, per day maximum
of four (4) guests per guest room.*

CUT-OFF DATE TO RECEIVE BLOCKED ROOM RATES:
WEDNESDAY AUGUST 24TH, 2017

PLEASE BE SURE TO MENTION THE
“HCWCC CONFERENCE”
WHEN MAKING YOUR RESERVATIONS

WORKSHOP DESCRIPTIONS

HCWCC CONFERENCE 2017

1.0 UNDERSTANDING MENTAL HEALTH

Explore your role in supporting and representing members around mental health and mental illness. Learn what to do about stigma and how to approach a conversation with a member about a possible mental health issue.

(Participant numbers limited to 16 delegates for the morning and 16 delegates for the afternoon session for each of the two [2] workshops offered – for a total of 32 delegates for this workshop)

2.0 CREATING PSYCHOLOGICALLY, HEALTHY AND SAFE WORKPLACES

What is a psychologically healthy and safe workplace? Learn to identify the psychological hazards in our workplaces, and the role in eliminating psychological hazards.

(Participant numbers limited to 16 delegates for the morning and 16 delegates for the afternoon session for each of the two [2] workshops offered – for a total of 32 delegates for this workshop)

3.0 SOCIAL MEDIA

This workshop will focus on Social Media in the workplace.

(A more detailed description will follow in the second call)

4.0 ATTENDANCE MANAGEMENT

This workshop will focus on Attendance Management in the workplace.

(A more detailed description will follow in the second call)

5.0 COMBATting WORKPLACE BULLYING

Bullying hurts everyone. As Union members, we have a role to play in combatting workplace bullying. Come and talk about: What bullying is, how bullying hurts everyone, how not to be a bystander and How the Union can make a Difference.

6.0 MEDIA COMMUNICATIONS

Communicating with the media is the focus of this workshop.

(A more detailed description will follow in the second call)

Participants must register for these workshops.

Those who do not pre-register will be assigned to workshops on a first come, first serve basis.

Failure to indicate 1st, 2nd and alternate workshop choices may result in the assignment to a workshop of our choosing.

**NOTICE to All CUPE Locals
Representing
PSWs/HCA - and - RNs /RPNs
HOLD THE DATE
Tuesday - September 19th, 2017**

TUESDAY - SEPTEMBER 19, 2017

PSWs/HCA : 10:00 AM - TO - 4:00 PM

RNs/RPNs : 10:00 AM - TO - 4:00 PM

**MARRIOTT NIAGARA FALLS
- GATEWAY ON THE FALLS -**

CUPE Ontario HCWCC will be holding a PSW/HCA Forum this year prior to the start of the HCWCC Conference.

Each profession will have a specific forum that will focus on the issues, concerns and challenges you face in your work and profession.

No Cost to Attend BUT you need to register in advance to ensure that adequate material and space is provided.

An Agenda and forum details will follow.

Please confirm attendance by sending your name, local and contact information to:

Maggie Pugatschew, Secretary
CUPE Ontario Regional Office
80 Commerce Valley Drive, East
Markham, ON L3T 0B2

Tel: (905) 739-3999 x231
Fax: (905) 739-4001
Email: mpugatschew@cupe.ca

WORKSHOPS (SUBJECT TO CHANGE):

- 1.0 Understanding Mental Health
- 2.0 Creating Psychologically, Healthy and Safe Workplaces
- 3.0 Social Media
- 4.0 Attendance Management
- 5.0 Combatting Workplace Bullying
- 6.0 Media Communications

Participants must register for these workshops.

Those who do not pre-register, will be assigned to workshops on a first come, first serve basis.

IMPORTANT – CHOOSE TWO (2) WORKSHOPS AND AN ALTERNATE

PLEASE COMPLETE REGISTRATION FORM ON THE BACK OF THIS SHEET AND INFORMATION REQUIRED BELOW :

REGISTRATION FEE:	Affiliates	\$215.00	X	___	=	\$ _____
	Non-affiliates*	\$375.00	X	___	=	\$ _____
	LATE FEE per delegate	\$ 50.00	X	___	=	\$ _____

(LATE FEE Applies after September 8th)

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 (3) months of the Conference.*

PLEASE MAKE YOUR CHEQUE PAYABLE TO: "CUPE ONTARIO"
FORWARD WITH REGISTRATION FORM TO:

Maggie Pugatschew, Secretary
 CUPE Ontario Regional Office
 80 Commerce Valley Drive, East Phone: (905) 739-3999 x231
 Markham, ON L3T 0B2 Fax: (905) 739-4001

SECRETARY:	LOCAL NO.		
ADDRESS:	<input style="width: 50px; height: 20px;" type="text"/> # of Health Care Members		
PLEASE CIRCLE THE SECTOR YOU ARE IN:			
Hospital	Hospital Sub-contractor	LTC	LTC Sub-contractor
CCAC	Home Care/Home Support	Laundry	Ambulance
Materials Required in: ___ English		___ French	
TELEPHONE #:	SIGNATURE:		

HCWCC CONFERENCE – 2017

REGISTRATION

WORKSHOPS (SUBJECT TO CHANGE):

- 1.0 Understanding Mental Health
- 2.0 Creating Psychologically, Healthy and Safe Workplaces
- 3.0 Social Media
- 4.0 Attendance Management
- 5.0 Combatting Workplace Bullying
- 6.0 Media Communications

Participants must register for these workshops.

Those who do not pre-register, will be assigned to workshops on a first come, first serve basis.

IMPORTANT – CHOOSE TWO (2) WORKSHOPS AND AN ALTERNATE

NAME	PHONE #	EMAIL ADDRESS	WORKSHOP <i>1st choice</i>	WORKSHOP <i>2nd choice</i>	ALTERNATE WORKSHOP CHOICE	Attending PSW/HCA? (Yes or No)	Attending RN's/RPN's (Yes or No)

DRAFT AGENDA

TUESDAY, SEPTEMBER 19TH

- 3:00 - 6:00 pm** Registration
 Light Refreshments
- 6:00 - 9:00 pm** Conference Theme – Health Care Rights – Everyone’s Fight
 Call to Order
 Equality Statement
 Adoption of Agenda
 Welcome CUPE Niagara District Council
 Welcome – Diversity Representative
 Health and Safety
 Opening Remarks, Welcome and Report – HCWCC Chair
 Fred Hahn, CUPE Ontario President
 Candace Rennick, CUPE Ontario Secretary-Treasurer

WEDNESDAY, SEPTEMBER 20ST

- 8:00 - 9:00 am** Registration
- 8:30 – 8:45 am** Welcome – New Member Orientation
- 9:00 – 10:00 am** Call to Order
 Credential Report
 Guest Speaker
 Health Care Coordinator Report
 Associate Health Care Coordinator Report
 Associate Health Care Coordinator (CCAC) Report
- 10:00 - 10:15 am** Lifestyle Break
- 10:15 - 12:00 pm** Panel Discussion (Campaigns)
 Announcement – Rooms for Workshops
- 12:00 – 1:30 pm** Rally and Lunch Break
- 1:30 – 2:45 pm** Sectoral Meetings – Moving Sectors Forward in Coordinated Bargaining
- | | |
|--------------------------|-------------|
| ☞ LTC | ☞ Hospitals |
| ☞ Home Care/Home Support | ☞ CCAC |
| ☞ Public Health | ☞ Laundry |
- 2:45 - 3:00 pm** Lifestyle Break
- 3:00 – 4:30 pm** Sectoral Meetings Continued
- 4:30 - 5:00 pm** By-Election of Sector Rep for Area 7
 By-Election of Alternate Sector Rep for Area 4
- 9:00 pm** Social & Dance

DRAFT AGENDA

THURSDAY, SEPTEMBER 21ND

- | | |
|------------------|-------------------------|
| 9:00 - 10:30 am | Workshops |
| 10:30 - 10:45 am | Lifestyle Break |
| 10:45 – NOON | Workshops |
| NOON – 1:30 pm | Lunch Break |
| 1:30 - 2:45 pm | Workshops |
| 2:45 - 3:00 pm | Lifestyle Break |
| 3:00 – 5:00 pm | Workshops |
| 7:30 – 8:00 pm | Health and Safety Forum |



FRIDAY, SEPTEMBER 22RD

- | | |
|------------------|--|
| 9:00 – 10:00 am | Credential Report
Bylaw Amendment
New Business |
| 10:00 - 10:15 am | Lifestyle Break |
| 10:15 – 12:00 pm | Guest Speakers |
| 12:00 pm (NOON) | Closing Remarks and Adjournment |



*CUPE Ontario Health Care Workers' Coordinating Committee
80 Commerce Valley Drive E. Suite 1, Markham, ON, L3T 0B2*

PROPOSED BY-LAW AMENDMENTS FOR HCWCC CONFERENCE 2017

CCAC / LHIN MERGER

CURRENT LANGUAGE

ARTICLE 5 - COORDINATING COMMITTEE AND EXECUTIVE COMMITTEE REPRESENTATION

- d) Election of the Executive Committee shall be held bi-annually in the even numbered years, by the voting delegates. The Executive Committee shall consist of the Chair and the following representatives:
- 1) Seven (7) area representatives of homes workers each elected solely from among the voting homes delegates from their respective geographic area;
 - 2) Three (3) representatives of hospital workers elected from among all voting hospital delegates;
 - 3) One (1) ambulance representative, elected from among all voting ambulance delegates;
 - 4) One (1) representative of community care access centres elected from among all community care access centres delegates;

PROPOSED LANGUAGE

ARTICLE 5 - COORDINATING COMMITTEE AND EXECUTIVE COMMITTEE REPRESENTATION

- d) Election of the Executive Committee shall be held bi-annually in the even numbered years, by the voting delegates. The Executive Committee shall consist of the Chair and the following representatives:
- 1) Seven (7) area representatives of homes workers each elected solely from among the voting homes delegates from their respective geographic area;
 - 2) Three (3) representatives of hospital workers elected from among all voting hospital delegates;
 - 3) One (1) ambulance representative, elected from among all voting ambulance delegates;
 - 4) One (1) representative of ~~community care access centres~~ **Local Health Integration Networks (LHINs)** elected from among all ~~community care access centres~~ **LHINs** delegates;

(Please make copies of this form and distribute to each delegate)

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

	<u>HOTEL</u>	<u>EVENT</u>
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 **August 24th, 2017** to:*

*CUPE Ontario Access Request
80 Commerce Valley Dr. E., Suite 1
Markham, Ontario L3T 0B2*

Tel: 905-739-9739

Fax: 905-739-9740



FAMILY OR DEPENDENT CARE SUBSIDY

Name of Claimant: _____ Local No. _____

CUPE only reimburses expenses in excess of regular fees. (e.g. if your regular fees are \$30.00 per day and attendance at the CUPE function requires you to pay \$40.00, you would therefore claim the “excess fee” of \$10.00). You may claim up to \$50.00 per day – *receipts must be attached*. Please indicate the dates for expenses incurred, and the **excess** daily cost.

Name of Function or Conference: _____

DATE	COST (per day)
TOTAL	\$

Cheque to be made payable to: **Claimant**

Local Union

Mailing Address:

Signature of Claimant

1) _____

2) _____
Signatures of 2 Local officers, one of whom is not the claimant

This form must be completed and forwarded no later than 30 days following the dates claimed to:

CUPE Ontario
80 Commerce Valley Drive East, Suite 1
Markham, ON L3T 0B2
Phone: (905) 739-9739 Fax: (905) 739-9740

Cheque # _____

Date: _____

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. _____

Email: _____

Signature of Witness: _____ Date: _____

Name of Witness: _____
(please print)

Please note on-site childcare will ONLY BE OFFERED if we have requests for a minimum of 4 children

Please complete and return the above form
NO LATER THAN August 24th, 2017 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



HEALTH CARE WORKERS COORDINATING COMMITTEE 2017 CONFERENCE

SEPTEMBER 19, 20, 21 AND 22, 2017

MARRIOTT NIAGARA FALLS – GATEWAY ON THE FALLS

DELEGATES AND VOTING

- a) Accredited delegates are recognized as members who attend from their own local union and that the local union has paid the registration.
- b) There shall be no restriction on the number of attendees from each local union, but all attendees must be accredited delegates as in a) above.
- c) Notwithstanding the above, for purposes of voting on issues pertaining to the business of the HCWCC, the following shall be how voting delegates are selected from each local union:

Number of Local Members	Voting Delegates
1 to 100	2
101 to 250	3
251 to 400	4
for each additional 150 members	1 additional delegate
District Council	1

- d) Locals, which represent both Health Care and Non-Health Care members, shall be allowed voting delegates based only on the number of workers in the health care sector in their local membership using the above formula.



LOCAL SUPPORT APPLICATION FOR ATTENDANCE AT THE HCWCC CONFERENCE 2017

Local # _____ Number of Members is the Local _____

Name of Delegate attending event _____

Contact person for the Local _____

Email Address _____

Daytime Contact Number _____

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 AUGUST 24TH, 2017 TO:

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



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 equipment 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.

PENNY SALE!

**2017
HCWCC CONFERENCE**

**PLEASE SUPPORT OUR PENNY SALE BY
BRINGING DONATED ITEMS.**

**ALL PROCEEDS GO TO SUPPORT THE
CAROLYN CARTER SCHOLARSHIP FUND.**

THANK-YOU !!

PENNY SALE!