



Health Care Workers Coordinating Committee

2018 CONFERENCE

DATE:

October 2nd to 5th 2018

LOCATION:

Sheraton Parkway North

**600 Hwy 7,
Richmond Hill, ON
L4B 1B2**

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 SEPTEMBER 17th, 2018

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

HCWCC CONFERENCE 2018

REGISTRATION FEES:

Affiliates	\$ 215.00
Non-Affiliates	\$ 375.00
Late Fee (Per Delegate) (Applies after September 17, 2018)	\$ 50.00

HOTEL INFORMATION:

All Reservations Are to Be Made Through W.E. Travel: 1-888-676-7747

Or online:

<https://wetravel.eventsair.com/QuickEventWebsitePortal/codcacoHCWCC18/codcacoHCWCC>

Sheraton Parkway North – Room: \$189.00 + taxes

**Please be sure to mention
the “HCWCC
Conference”
when making your
reservations**

Cut-Off Date to Receive Blocked Room Rates:

Tuesday, September 11th, 2018

WORKSHOP DESCRIPTIONS

1.0 COMBATTING WORKPLACE BULLYING

Bullying hurts everyone. As Union Members, we have a role to play in combatting work place bullying.

Come and talk about:

- What bullying is;
- How bullying hurts everyone;
- How not to be a bystander;
- How the union can make a difference.

2.0 UNDERSTANDING MENTAL HEALTH

Explore the stewards' 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.

3.0 SOCIAL MEDIA

Facebook, Twitter, YouTube. How can they benefit my local? What are the guidelines for using social media? What are the legal parameters around using social media?

4.0 ATTENDANCE MANAGEMENT

Learn the differences of culpable and non-culpable absences and how this affects your members.

5.0 STRATEGIC PLANNING

Strategic planning is a collaborative way to set achievable and measurable goals. This workshop will discuss the trends in this sector and put an action plan in place for future bargaining in the Health Care Sector.

6.0 MEMBER TO MEMBER CONFLICT

Learn to coach members who conflict with other members and work with a four-step approach to basic mediation techniques.

7.0 BYLAWS

Explore the National standard bylaws and some of the requirements of the National Constitution.

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



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WORKSHOPS (SUBJECT TO CHANGE):

- 1.0 COMBATTING WORKPLACE BULLYING
- 2.0 UNDERSTANDING MENTAL HEALTH
- 3.0 SOCIAL MEDIA
- 4.0 ATTENDANCE MANAGEMENT
- 5.0 STRATEGIC PLANNING
- 6.0 MEMBER TO MEMBER CONFLICT
- 7.0 BYLAWS

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 17th)

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:**

Brandi Kehoe, Administrative Assistant
 CUPE Hamilton Area Office
 21 King St. W. Suite 1700 Phone: (905) 575-5411
 Hamilton, ON L8P 4W7 Fax: (905) 575-2826

SECRETARY:		LOCAL NO.	
ADDRESS:			# 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:	

WORKSHOPS (SUBJECT TO CHANGE):

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)

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

DRAFT AGENDA

Tuesday, October 2nd

- 3:00 - 6:00 pm** Registration
Meet and Greet - Light Refreshments
- 6:00 - 9:00 pm** Conference Theme – *"Right Here, Right Now, Health Care Matters"*
Call to Order
Equality Statement
Aboriginal Welcome
Adoption of Agenda
Welcome - CUPE District Council – Lisa Skeete, President
Welcome – Diversity Representative – Veriline Howe
Health and Safety – Moment of Silence
Opening Remarks – HCWCC Chair – Heather Duff
Candace Rennick, CUPE Ontario Secretary-Treasurer
Fred Hahn, CUPE Ontario President

Wednesday, October 3rd

- 8:00 - 9:00 am** Registration
- 8:30 – 8:45 am** New Member Orientation
- 9:00 – 10:00 am** Call to Order
Credential Report
Healthcare reports – Tracey Pinder and Vickie Houston
Panel Discussion – 'Dangerous Trends in Bargaining'
- 10:15 - 10:30 am** *Lifestyle Break*
- 10:30 - 11:30 am** 'Moving Forward under a Ford Government' – Sean Meagher, Canadian Centre for Policy Alternatives
OHC Healthcare Rally Announcement – October 23
- 11:30 – 12:00 pm** **Elections: At Large Positions**
- 12:00 – 1:30 pm** *Lunch Break*
- 1:30 – 2:45 pm** Sectoral Meetings – Moving Sectors Forward in Coordinated Bargaining
LTC **Hospitals**
Home Care/Home Support **LHIN**
Public Health **Laundry**



Wednesday, October 3rd Continued...

- | | |
|-----------------------|---|
| 2:45 - 3:00 pm | <i>Lifestyle Break</i> |
| 3:00 – 4:30 pm | Sectoral Meetings Continued |
| 4:30 - 5:00 pm | Elections: Sectoral Representatives (in caucus rooms) |
| 6:00 – 7:00pm | Health and Safety Forum |

Thursday, October 4th

- | | |
|-------------------------|------------------------|
| 9:00 - 10:30 am | Workshops |
| 10:30 - 10:45 am | <i>Lifestyle Break</i> |
| 10:45 – NOON | Workshops |
| NOON – 1:30 pm | <i>Lunch Break</i> |
| 1:30 - 2:45 pm | Workshops |
| 2:45 - 3:00 pm | <i>Lifestyle Break</i> |
| 3:00 – 5:00 pm | Workshops |
| 8:00 – 10:00 pm | Social Event - TBA |



Friday, October 5th

- | | |
|---------------------------|--|
| 9:00 am – 12:00 pm | Credential Report
Mark Hancock, CUPE National President
Presentation: Stronger Together – Yolanda McLean
Presentation: Homecare Organizing Campaign –
Deb Oldfield and Graham Cox
Closing Remarks and Adjournment |
|---------------------------|--|

NOTICE to All CUPE Locals Representing PSWs/HCA - and - RNs /RPNs

HOLD THE DATE

Tuesday – October 2, 2018

1:00pm to 4:00pm

Tuesday – October 2, 2018

PSWs/HCA: 1:00 pm - to - 4:00 pm

RNs/RPNs: 1:00 pm - to - 4:00 pm

**Sheraton Parkway North
- Richmond Hill, ON –**

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 faced 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.



HCWCC CONFERENCE ACCESS REQUEST FORM

(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 **September 2nd, 2018** 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 SEPTEMBER 2nd, 2018 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 2018 CONFERENCE

October 2nd to 5th 2018

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.

REFORMATTED May 2015-COPE 491:mp / cope343



Local Support Application For Attendance at the CUPE Ontario Conferences

Local # _____

Event Name _____

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 SEPTEMBER 2nd, 2018

Candace Rennick, Secretary-Treasurer
CUPE Ontario

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

cope343



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.

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