



**HEALTH CARE WORKERS
COORDINATING COMMITTEE**

2014 CONFERENCE

FIRST CALL

DATE:

SEPTEMBER 16-19, 2014

LOCATION:

**DELTA WATERFRONT HOTEL AND
CONFERENCE CENTRE**

208 ST. MARY'S RIVER DRIVE

SAULT STE. MARIE, ON P6A 5V4

TEL: (705) 949-0611

FAX: (705) 945-6972

HCWCC CONFERENCE 2014

REGISTRATION FEES:

AFFILIATES	\$ 215.00
NON-AFFILIATES	\$ 375.00
LATE FEE (PER DELEGATE) (EFFECTIVE 4:00 PM SEPTEMBER 2, 2014)	\$ 50.00

HOTEL INFORMATION:

ALL RESERVATIONS ARE TO BE MADE THROUGH W.E. TRAVEL: 1-888-676-7747	
\$115.00 + taxes	DELTA ROOM SINGLE
\$125.00 + taxes	DELTA ROOM PREMIER
\$140.00 + taxes	DELTA ROOM DELUXE

CUT-OFF DATE TO RECEIVE BLOCKED ROOM RATES: MONDAY AUGUST 25, 2014

**PLEASE BE SURE TO MENTION THE "HCWCC CONFERENCE"
WHEN MAKING YOUR RESERVATIONS.**

HCWCC - WORKSHOPS OVERVIEW

- 1.1 CUPE Health Care Accord

- 2.1 Pension – NHRIPP
- 2.2 Pension – OMERS
- 2.3 Pension - HOOPP

- 3.1 WSIB (English)
- 3.2 WSIB (French)

- 4.1 Workplace Learning – Education – Knowing Your Rights

- 5.1 Mediating Member to Member Conflict (English)
- 5.2 Mediating Member to Member Conflict (French)

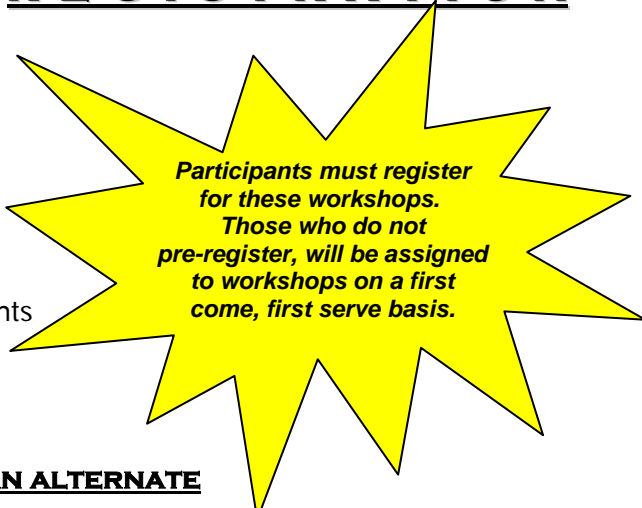
- 6.1 Regulated Health Care Professions

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 and 2nd choices may result in the assignment to a workshop of our choosing.

WORKSHOPS (SUBJECT TO CHANGE):

- 1.1 CUPE Health Accord
- 2.1 Pension – NHRIPP
- 2.2 Pension – OMERS
- 2.3 Pension - HOOPP
- 3.1 WISB (English)
- 3.2 WISB (French)
- 4.1 Workplace Learning – Education – Knowing Your Rights
- 5.1 Mediating Member to Member Conflicts (English)
- 5.2 Mediating Member to Member Conflicts (French)
- 6.1 Regulated Health Care Professions



IMPORTANT – CHOOSE TWO (2) WORKSHOPS AND AN ALTERNATE

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

REGISTRATION FEE:	Affiliates	\$215.00	X	___	=	\$ _____
	Non-affiliates*	\$375.00	X	___	=	\$ _____
	LATE FEE per delegate	\$ 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 (3) months of the Conference.*

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

Maggie Lewis, 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
Sector: Hospital <input type="checkbox"/> Hospital Sub-contractor <input type="checkbox"/> LTC <input type="checkbox"/> LTC Sub-contractor <input type="checkbox"/> CCAC <input type="checkbox"/> Home Care/Home Support <input type="checkbox"/> Laundry <input type="checkbox"/> Ambulance <input type="checkbox"/>	
Materials Required in: ___ English ___ French	
TELEPHONE #:	SIGNATURE:

DRAFT AGENDA

TUESDAY, SEPTEMBER 16TH

- 3:00 - 6:00 pm** Registration
Light Refreshments
- 6:00 - 9:00 pm** Conference Theme – Health Care Workers: Stand Strong, Stand United
Call to Order
Equality Statement
Adoption of Agenda
Welcome CUPE Sault Ste. Marie District Council
Welcome – Diversity V/P
Health and Safety
Opening Remarks, Welcome and Report – HCWCC Chair – Kelly O'Sullivan
Video Presentation
Introduction by HCWCC Chair
Guest Speaker, OD President Fred Hahn
Guest Speaker, OD Secretary-Treasurer Candace Rennick

WEDNESDAY, SEPTEMBER 17TH

- 8:00 - 9:00 am** Registration
- 8:30 am** Welcome – New Member Orientation
- 9:00 – 10:15 am** Call to Order
Credential Report
Acting Health Care Coordinator Report – Tracey Pinder
Associate Coordinator Report – Sharon McKenna
- 10:15 - 10:30 am** Lifestyle Break
- 10:30 - 12:00 pm** Panel Discussion
Announcement – Rooms for Workshops
- 12:00 – 1:30 pm** Rally and Lunch Break
- 1:30 – 2:45 pm** Sectoral Meetings – Reports/Concerns
LTC
Hospitals
Home Care/Home Support
CCAC
Public Health
Laundry
- 2:45 - 3:00 pm** Lifestyle Break
- 3:00 – 4:00 p.m.** Sectoral Meetings Continued

DRAFT AGENDA

- 4:00 – 5:00 pm** Elections
Chair
Health & Safety Representative
Injured Worker Representative
- 6:30 - 8:30 pm** Health & Safety Forum

THURSDAY, SEPTEMBER 18TH

- 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
- 8:00 pm** Social & Dance

FRIDAY, SEPTEMBER 19TH

- 9:00 - 9:30 am** Credential Report
Bylaw Amendment
New Business
- 9:30 – 10:00 am** Election of Sector Reps
- 10:00 - 10:15 am** Lifestyle Break
- 10:15 – 12:00 pm** Guest Speakers
- 12:00 pm (NOON)** Closing Remarks and Adjournment



*Please support our
Penny Sale
by donating items
to be auctioned off
at our
Social & Dance*

**NOTICE to All CUPE Locals
Representing
PSWs/HCA and RNs /RPNs
HOLD THE DATE
Tuesday September 16, 2014**

**TUESDAY
SEPTEMBER 16, 2014
9 AM TO 4 PM
SAULT ST MARIE**

CUPE Ontario HCWCC held its first ever PSW/HCA Forum last year prior to the start of the HCWCC Conference. Based on the positive response and request from CUPE members we are holding both a PSW/HCA and a RN/RPN Forum this year. 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 adequate material and space is provided. Agenda and forum details to follow.

Please confirm your attendance by entering “YES” in the PSW/HCA and/or RN/RPN column when completing your Conference Registration Form (see page 4 of this package)



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

ASL Interpretation

Wheelchair / scooter access

Assistance at check in/Registration

Assistance in case of evacuation

Other: _____

Hotel

Event

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, 2014** to:
CUPE Ontario Access Request
80 Commerce Valley Dr. E., Suite 1
Markham, Ontario L3T 0B2
905-739-9739 or 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 officers of the Local,
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: _____



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 SEPTEMBER 2nd, 2014 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 2014 Conference

September 16, 17, 18 & 19, 2014

Delta Sault Ste. Marie

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:

▪ 1 to 100 members	2 delegates
▪ 101 to 250 members	3 delegates
▪ 251 to 400 members	4 delegates
▪ for each additional 150 members	1 additional delegate
▪ District Council	1 delegate
- 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 2014

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 SEPTEMBER 2nd, 2014 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 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.

PENNY \$ALE!

**2014
HCWCC CONFERENCE**

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

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

THANK-YOU !!

PENNY \$ALE!