

# LEADERSHIP ESSENTIALS in ACTION PROGRAM



*For Unionized Supervisors*

## Cohort 1 - Registration Form (to be eligible to register please answer all questions)

First and last name	
(Optional) What are your pronouns? (e.g. he/his, she/her, they/them)	
What is your email address? Please provide an email address so that we can provide you with program information. We will not use your personal email for other purposes or share it with third parties.	
What is your job title?	
What is your Business Unit?	<input type="checkbox"/> Park Board <input type="checkbox"/> Engineering <input type="checkbox"/> Real Estate, Environment, Facilities Management <input type="checkbox"/> ACCS (Cemetery)
What is your branch/department/workgroup?	
What is the name of your direct exempt supervisor/manager who supports your participation?	
What is their email address?	

Please confirm that you meet the eligibility criteria for the program:

	Yes	No
You are a member of CUPE 1004	<input type="checkbox"/>	<input type="checkbox"/>
You supervise a group of unionized employees on a day-to-day basis	<input type="checkbox"/>	<input type="checkbox"/>
You work mainly away from a desk and 'in the field'	<input type="checkbox"/>	<input type="checkbox"/>
As you will be away from the operations for 7 days over a year, it's important that you have a discussion with your direct exempt supervisor/manager to ensure you have their support. Have you had the conversation with your direct supervisor about your participation at this program?	<input type="checkbox"/>	<input type="checkbox"/>

Please note that this program is run in-person at Crossroads, 507 West Broadway Avenue, in the 5th floor Cityscape room – please confirm you are:

	Yes	No
Able to get to Crossroads (507 W Broadway) for the sessions	<input type="checkbox"/>	<input type="checkbox"/>
Able to attend workshops from 7:30am-3:30pm	<input type="checkbox"/>	<input type="checkbox"/>

This program is a significant investment from the City. Please confirm that you understand the time commitment involved and you commit to a year of learning

<input type="checkbox"/> Yes I am committed to participating in all learning events
<input type="checkbox"/> No I won't be able to participate in all learning events

Please add any comments about your availability to participate in this program

Why are you registering for this program? Tell us what you hope to learn or develop from attending LEAP-U

How do think your team/crew will benefit by you attending this program?

Please let us know if you have any accessibility needs / if there's anything you need to make the learning experience accessible to you (e.g. large print, etc.)

(Optional) Through this program, we aim to increase leadership opportunities for staff who are in historically under-represented occupations or belong to groups who experience systemic barriers in the workplace. Please check all that apply. I am ...

- Indigenous
- Black, Person of Colour, Racialized
- Person with disability
- 2SLGBTQ+
- Gender diverse, non-binary
- Woman in a male dominated occupation
- If you are part of an under-represented community not listed above, please specify: \_\_\_\_\_

Thank You!

*Please send completed forms through interoffice mail to “Anne Marie Konas, HR, City Hall, 2<sup>nd</sup> floor”*