

PARTICIPANT REGISTRATION AND APPLICATION

Office use only Participant ID # _____

SECTION 1 – Participant Information

Name _____ Mailing Address _____ City _____

Province _____ Postal Code _____ Residence Phone Number _____

Trade _____ Years in Trade _____ Union Membership: Local No. _____

Current Position: _____ Supervisory Experience: _____
ie: Foreman, General Foreman, Superintendent or other _____ Yrs.

Name of present Supervisor: _____

Do you have Leadership For Safety Excellence? Yes No

Signature: _____ Date: _____

E-Mail Address _____

SECTION 2 – Employer Information

Employer Name _____ Business Phone Number _____

E-Mail Address _____

Mailing Address _____ Business Fax _____

City _____ Province _____ Postal Code _____

SECTION 3 – Billing Information and Fee Authorization

Company Name _____ Signature _____

Mailing Address _____ Please Print Name _____

City _____ Province _____ Postal Code: _____ Phone Number _____ Fax Number _____

SECTION 4 – Forward Completed Document to:

ATTENTION:

Nova Scotia Construction Sector Council
Better SuperVision[®] Maritime Program
10 Ragged Lake Blvd, Unit 1, Halifax, Nova Scotia B3S 1C2
Telephone: 902 832-4761 Fax: 902 832-4763
Email: bsv@nscsc.ca