

Better SuperVision[®]

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: _____

SECTION 2 – Employer Information

Employer Name _____ Business Phone Number _____

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
Sunnyside Place, Suite 205, 1600 Bedford Highway, Bedford, Nova Scotia B4A 1E8
Telephone: 902 832-4761 Fax: 902 832-4763
Email: admin@constructioncouncil.ns.ca