

## 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 \_\_\_\_\_

Dietary Restrictions? Yes No List Restrictions \_\_\_\_\_

### SECTION 2 – Employer Information

Employer Name \_\_\_\_\_ Business Phone \_\_\_\_\_

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<sup>®</sup> Maritime Program

10 Ragged Lake Blvd, Unit 1, Halifax, Nova Scotia B3S 1C2  
Tel: 902 832-4761 Fax: 902 832-4763 [Email: admin@nscsc.ca](mailto:admin@nscsc.ca)



Nova Scotia  
Construction Sector Council  
Industrial ~ Commercial ~ Institutional