

Coalition of Racialized Workers & OPSEU/SEFPO Member Support Investigator & Advisor Training. (MSIA) Application

Name:	Local Number:	
Address:		
Home Phone:	Work Phone:	
Home Email Address:		
		_
		_
	O region:	_

2. What is your understanding of racial discrimination and Anti-Black Racism? What are some of its negative barriers to success both in your Union involvement and your work place?

1.



	BlackAsianSouth AsianOther	□ Yes □ Yes □ Yes	□ No	
4.	Please tell us how you identif	fy		
	• Gender			
	Orientation/expression	ı		
5. Tell	us why you would like to take t	his training?		

Please list any community or union work you have done in the field of anti-black

3. Please indicate the following Racialized group(s) you belong to:

racism, equity, and or diversity.



7.	Why do you believe you are the right person for this member support role?
8. have	List any Local or other Union committee involvement past or present which might prepared you to be an effective member support.
9.	In your own words list the characteristics of a good support person, and why?
Please	E-mail your completed application form no later than September 15 2021 to

equity@opseu.org