

# EVALUATION

Please Note: The information provided in this evaluation form will assist the union in assessing Local needs in terms of accessibility. The information will not be used to determine whether a Local will receive future funding or not.

## MEMBER INFORMATION

Name of Member(s) to use aid or service:

\_\_\_\_\_

Membership No.: \_\_\_\_\_

Mailing Address for PSAC material: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postal code: \_\_\_\_\_

## LOCAL INFORMATION

Local: \_\_\_\_\_

Component: \_\_\_\_\_

Contact Name & Local Position: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ (w) \_\_\_\_\_ (h)

Local Mailing Address: \_\_\_\_\_

\_\_\_\_\_

1. What was the functional limitation/restrictions that required accommodation?

\_\_\_\_\_

2. What type of accommodation was provided? Who provided it?

\_\_\_\_\_

\_\_\_\_\_

3. How do you expect the funded item to be used?

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IF THE FUNDED ITEM WAS NOT AN EVENT, GO TO QUESTION 5.

4. Was the aid or service used at the event? \_\_\_\_\_

By how many members? \_\_\_\_\_

If no one used the aid or service, please explain why not.

5. Was the aid or service adequate to ensure that the member(s) was able to fully participate?

6. Will you use this aid or service again? Why or why not?

7. Do you have any general comments about the fund or this event?

Local Officer \_\_\_\_\_

Member using service: \_\_\_\_\_

Date: \_\_\_\_\_

Submit to:

Human Rights Program Office,  
Membership Programs Branch,  
Public Service Alliance of Canada,  
233 Gilmour Street, Suite 901  
Ottawa, ON K2P 0P1

(613) 560-4387 (phone)

(613) 236-9402 (fax)

**NOTE: DO NOT FORGET TO INCLUDE THE RECEIPTS FOR THE AID OR SERVICE USED WHEN YOU SUBMIT THIS EVALUATION FORM. THANK YOU.**