

203, 239—91 Street Edmonton, Alberta T6X 1W8 201, 2725 – 12 Street NE Calgary, Alberta T2E 7J2

MEMBER APPLICATION FORM

Personal Information					
First Name	Middle Name		Last	Last Name	
r irst Name					
Street Address	City		Province	Postal Code	
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Home Phone Number	Cell Phone Number		Email Address		
	/ /				
Social Insurance Number	Date of Birth (MM/DD/YEAR)				
Emergency Contact			L.		
			()		
Full Name	Relationship to you		Phone	Phone Number	
Trade		1 7			
Trade Qualification (s)			Occupation		
Alberta Union Local #		Alberta Union ID	#		
Please circle one of the following:					
MEMBER	TRAVEL CARD		PERMIT WORKER		
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Please fax the completed application to *Homewood Health (HH)* to be processed. *HH* is the Third Party Administrator for the program. Fax Number: 1-877-423-0313. You can expect a call from *HH* Intake staff within a few days of the application being received.

If you have questions program please call in the Edmonton area 780-493-0725 or toll free 1-888-493-0725



RSAP Program Terms & Conditions

The Rapid Site Access Program (RSAP) has been established to help provide a safe workplace free from risks associated with alcohol and other drug misuse. RSAP is intended to replace redundant site access testing for all jobs where the participant contractor and participant owner agree to participate in RSAP. In return for not having to undergo site access testing, the signatory participant agrees to accept the terms of the voluntary random testing program established by the RSAP Administrative Committee.

Prior to admittance into the program, the worker must provide, to the third party case administration, alcohol and drug results from a test laboratory approved by third party case administration, taken within the previous ninety days. Alternatively, if the applicant's employer or union can confirm that the applicant is currently employed by a participant contractor on a site for which a site access test was required to qualify for access to that site, the program will accept that confirmation in lieu of the pre-enrollment test.

While it is intended that RSAP become accepted industry-wide, currently RSAP is only effective where both the referring participant contractor and participant owner agree to participate in and be bound by the RSAP Procedural Rules.

RSAP will be administered by a third party case administrator, testing administrator, SAE team, and treatment team who are hereby authorized to keep relevant records, disclose personal information to approved stakeholders, and manage and administer the random drug testing, as well as, if applicable, the assessment, treatment and after-care segments of the program. The third party case administration, testing administrator, SAE team and treatment team are subject to the RSAP Procedural Rules.

RSAP supplements the Canadian Model, which remains in effect.

Some examples of when a participant may be made INACTIVE in RSAP include:

- A refusal to test when required,
- A test sample has been tampered with by the tested individual,
- A positive test result for either drugs or alcohol on any requested test, or
- Failure to follow protocols included in the Return to Work agreement.

Any decision to take a participant off active status is final and is subject to limited review only, as provided for in the RSAP Procedural Rules. Reactivation will be the decision of the third party case administration and may be subject to certain conditions being met.

Participants in compliance with RSAP, who are not currently employed by a participating contractor, may opt out of RSAP by making their request in writing and submitting it to the third party case administration. Participants not in compliance with RSAP, who are currently employed by a participating contractor and/or who are signatory to a return-to -work agreement with third party case administrator, shall not be permitted to opt out of the program. A participant who has opted out of the RSAP will revert to any existing rules for dispatch with respect to site access testing.

I _______, having read the above, fully understand these conditions, and hereby apply for admittance into RSAP. I hereby agree to be bound by the conditions that are established from time to time with respect to my remaining in RSAP and such conditions as are necessary for the administration and operation of RSAP. I understand that my request to enter RSAP is made voluntarily and of my own free will. I agree to the release and use of my personal information that is reasonably necessary for RSAP administration as between my union, the third party case administration, service providers, third party auditors, participant employers and testing facilities. I understand that my union has agreed to my entering into this agreement.

Date

Applicant Signature