

Labour Management Arbitration Committee

Newfoundland and Labrador

Application for Arbitrator Training Program

Information provided is for the use of the Labour Management Arbitration Committee to determine the suitability of individuals for enrolment in the Arbitrator Training Program for Newfoundland and Labrador. Refer to Selection Criteria located at <https://www.gov.nl.ca/ecc/files/labour-lmac-pdf-selection-criteria-arbitrator.pdf>.

Name of Applicant:

Company/Organization:

Primary Occupation:

Street Address:

City:

Province:

Postal Code:

Telephone (Bus):

Home:

Fax Number:

Mobile:

E-mail Address:

INSTRUCTIONS FOR COMPLETING APPLICATION FORM:

- * Applications are to be completed in full. Additional pages may be included to address any/all questions.
- * A copy of your resume **must** accompany this application.
- * Return completed form to:

MAIL: Labour Management Arbitration Committee
c/o Labour Relations Division
Environment and Climate Change
Beothuck Building, 20 Crosbie Place
P.O. Box 8700
St. John's, NL A1B 4J6
Attn: Susan Whitten

EMAIL: susanwhitten@gov.nl.ca

EDUCATION

Degree/Certificate

Year Obtained:

Institution:

Location:

Province:

Degree/Certificate:

Year Obtained:

Institution:

Location:

Province:

Degree/Certificate:

Year Obtained:

Institution:

Location:

Province:

ACCEPTABILITY

1. What is your most recent experience acting as an advocate for either management or union in the past twelve months?

SKILLS

1. Explain how you demonstrate the skills needed to be a labour arbitrator. (Refer to the Selection Criteria: listening, problem solving, analysis, writing, etc.)

PERSONAL SUITABILITY

1. Explain how you demonstrate the personal suitability required to be a labour arbitrator. (Refer to the Selection Criteria: objectivity, fair-minded, integrity, sensitivity, etc.).

2. Provide any information regarding a conviction for an offence so that it may be assessed by the Committee to determine if it is relevant to you serving as an arbitrator.
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GENERAL

1. Provide any other information regarding your experience that you feel is relevant for consideration in being selected for the arbitrator training program.

DECLARATION

By signing this application, I declare that the information provided is accurate and complete and I have answered all questions in this application to the best of my ability.

Signed: _____

Date (mm/dd/yyyy):