

BC's Office of the Human Rights Commissioner

750 - 999 Canada Place
Vancouver, B.C. V6C 3E1
Phone: 1-844-922-6472

BCOHRC Stamp

INSTRUCTIONS FOR RETURNING THIS FORM

- **Email** us your form by attaching a saved copy and sending it to:
Trish.Garner@bchumanrights.ca
- Or print and **mail** a copy of your form to us

CONTACT INFORMATION

Name of organization:		
Name and position of person completing this form:		
Mailing Address:		
City:		
Province:		Postal Code:
Tel:	Fax:	Cell:
Email:		

Purpose of collecting contact information:

The BCOHRC uses your contact information to process your application.

NATURE OF SPONSORING ORGANIZATION

Describe the nature of the organization or the part of the organization that is proposing the special program.

I have attached more information on _____extra page(s)

PROPOSED SPECIAL PROGRAM

Describe the proposed special program, including:

- the disadvantaged group or individual that the program intends to help;
- the eligibility criteria for the program; and
- anticipated timeframe for the program.

For example:

Restrict hiring to women or to work with female survivors of sexual abuse

Preferential hiring of people with disabilities to improve representation of persons with disabilities in the workplace

Restrict program participants to racialized youth to benefit those youth

PURPOSE OF THE SPECIAL PROGRAM

Describe:

- the disadvantage that the special program is intended to address; and
- the anticipated benefits of the special program.

I have attached more information on _____ extra page(s)

ACCOUNTABILITY AND MONITORING

Describe who is responsible for monitoring the special program, and how success will be measured. How will you measure the anticipated benefits?

I have attached more information on _____ extra page(s)

THIRD PARTY INTERESTS

Identify any third parties affected by the special program. For example:

Unions or employee associations

Local community groups

For each identified third party, you must:

- attach a written statement from the third party, setting out its position on the special program; and
- provide a copy of this application to the third party.

Name of affected third party organization:		
Contact person and position:		
Mailing Address:		
City:		
Province:		Postal Code:
Tel:	Fax:	Cell:
Email:		

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City:		
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Tel:	Fax:	Cell:
Email:		

I have attached more information on _____ extra page(s)

If you have not identified any third parties, describe how you have consulted with employees or other people or groups who may be affected by the special program.

I have attached more information on _____ extra page(s)

TIMELINE

Identify any relevant timelines that the BCOHRC should be aware of in processing your application. In particular, please identify if there is any urgency to your request.

For example:

- *The special program must be implemented before the start of school in September*
- *The position in the special program must be filled as quickly as possible*