

## 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](mailto: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.

## **EXISTING SPECIAL PROGRAM**

Identify the existing special program that you wish to renew.

## EFFECTIVENESS OF THE SPECIAL PROGRAM

Describe the results of the special program to date, as applicable:

- If the special program related to hiring, information about the staff hired under the terms of the special program
- Whether the special program has achieved any of its goals and, if so, how
- Challenges faced in the course of the special program

I have attached more information on \_\_\_\_\_ extra page(s)

## ONGOING NEED

Identify why there is an ongoing need to continue the special program. Describe:

- The disadvantage that the special program intends to continue to address
- The anticipated benefits of the special program

I have attached more information on \_\_\_\_\_ extra page(s)

## UPDATES

Provide any updates about the structure and implementation of the special program. This should include any changes in:

- The nature of the sponsoring organization
- The staff person or persons responsible for monitoring the special program

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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Contact person and position:		
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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*