



RSAP MEMBER APPLICATION FORM			
<i>First Name</i>		<i>Middle Name</i>	<i>Last Name</i>
<i>Street Address</i>		<i>City</i>	<i>Province</i>
<i>Home Phone Number</i>		<i>Cell Phone Number</i>	<i>Email Address</i>
<i>Social Insurance Number</i>		<i>Date of Birth (MM/DD/YYYY)</i>	
Emergency Contact			
<i>Full Name</i>		<i>Relationship to you</i>	<i>Phone Number</i>
Trade			
<i>Trade Qualification(s)</i>		<i>Occupation</i>	
<i>Alberta Union Local #</i>		<i>Alberta Union ID #</i>	
<i>Please circle one of the following:</i>			
MEMBER	TRAVEL CARD		PERMIT WORKER
*****Office Use Only*****			

Homewood Health Inc. (HHI) is the Third Party Case Administrator for the program. Please fax the completed application to fax number **1-877-423-0313** for processing. If you have questions about the program please call **780-493-0725** (Edmonton area) or toll free **1-888-493-0725**.





The Rapid Site Access Program (RSAP) has been established to help provide a safe workplace free from risks associated with alcohol and drug misuse. RSAP is intended to replace redundant site access testing for all jobs where the contractor and 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 (TPCA), alcohol and drug results from a test laboratory approved by TPCA, taken within the previous 90 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 it is only effective where both the referring contractor and owner agree to participate in and be bound by the RSAP Procedural Rules.

RSAP will be administered by a team of third party professionals 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 professionals 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 alcohol or drugs on any requested test; or
- Failure to follow protocols included in the Return to Work agreement.

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

Worker 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 TPCA. Worker 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 TPCA, shall not be permitted to opt out of the program. A worker participant who has opted out of 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 between my union, 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.

Applicant Signature

Date

