

## HEU Application Form Supervisors' Conference and Workshop September 6 & 7, 2017 Kamloops, BC

Application Deadline: Friday, July 28, 2017 at 5:00 pm

Send application (complete **ALL** pages) by fax, mail **or** email to:

FAX: 604-739-1510

MAIL: HEU Provincial Office,

**Attention:** Sonia Paone, 5000 North Fraser Way, Burnaby, B.C., V5J 5M3

EMAIL: spaone@heu.org

DATE SENT: \_\_\_\_\_ # OF PAGES: \_\_\_\_\_

## SUPERVISORS' CONFERENCE AND WORKSHOP SEPTEMBER 6 & 7, 2017

(Please print using dark ink)

## **PERSONAL INFORMATION**

| Last Name:   | First Name:  |                            |                 |          |
|--|--------------|----------------------------|-----------------|----------|
| Address:   | City:        |                            |                 |          |
| Postal Code: Personal Email:   |              |                            |                 |          |
| Home Phone:  | Cell/Pager:  |                            |                 |          |
| Work Phone:  | Local/Ext:   |                            |                 |          |
| Job Title:   | Dept:        |                            |                 |          |
| Facility/Work Site:  |              |                            |                 |          |
| Employment Statu   | ıs:          | Full-time                  | Part-time       | ☐ Casual |
| •  | orth<br>aser | ☐ Interior<br>☐ Van Island | ☐ Vancouver Coa | astal    |
| I identify my gender as:   |              |                            |                 |          |
| Are you a member of an equity group? Pink Triangle/LGBT2SQ First Nations Ethnic Diversity Women's People with disAbilities |              |                            |                 |          |
| Emergency contact (Name & Phone):  |              |                            |                 |          |
| Do you have special needs?   Yes  No  If "yes", please specify:  |              |                            |                 |          |
| What union position (if any) do you hold at your local?  |              |                            |                 |          |
| How long have you been a supervisor at your local? Which department do you supervise?                                      |              |                            |                 |          |
| Signature of Appli   | cant         |                            | <br>Date:       |          |

You will be notified in due course of the acceptance or denial of your application to attend the Supervisors Conference and Workshop.