



Intro Occupational Health and Safety 2010

YOUR NAME: _____

REGION	DATE OF COURSE	APPLICATION DEADLINE
Vancouver Coastal (choose one)	May 31-June 1, 2010 OR June 2-3, 2010	April 30, 2010
Fraser	June 2 - 3, 2010	April 30, 2010
Vancouver Island - (Victoria)	June 8-9, 2010	May 7, 2010
Interior - Okanagan (Kelowna)	June 15-16, 2010	May 7, 2010
Interior - Kootenays (Cranbrook)	June 22-23, 2010	May 14, 2010
Northern (Prince George)	June 22 - 23, 2010	May 14, 2010

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

FAX: 604-739-1510

MAIL: HEU Provincial Office
EDUCATION DEPARTMENT Attention: **Tanya Schlueter**
5000 North Fraser Way
Burnaby, B.C. V5J 5M3

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PLEASE PRINT IN DARK INK

SECTION A – PERSONAL INFORMATION

- Sister
 Brother

Last Name: _____ First Name: _____

Have you recently moved? Yes No If yes, when? _____

Address: _____ Apt/Suite: _____

City: _____ Postal Code: _____

Mailing Address (if different): _____

Home Phone: _____ Cell/Pager: _____

Work Phone (include ext#): _____ Email: _____

Job Title: _____ Dept: _____

Facility/Work Site: _____ Health Authority: _____

OR

- Aramark
 Compass
 Sodexo
 Other _____

NOTE: If you are applying for Vancouver Coastal please indicate which dates are your preference: May 31st – June 1st OR June 2nd – June 3rd

What position (if any) do you hold at your local? _____

Emergency contact (Name & Phone): _____

Personal information will be used solely for the purpose of processing this application form. It will not be disclosed to any other party.

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SECTION B – APPLICANT’S COMMENTS

1. Are you on your worksite Occupational Health and Safety Committee? yes no
If yes, how long _____
2. Have you attended a previous HEU Introductory OH&S workshop? yes no
If yes, when _____
3. Have you attended an OH&S workshop offered by the BC Federation of Labor? yes no
If yes, when _____
4. Have you attended an OH&S workshop offered by the Occupational Health and Safety Agency for Healthcare (OHSAH)? yes no
If yes, when _____
5. Have you attended an OH&S workshop offered by your employer? yes no
If yes, when _____
6. What are the top three health and safety concerns in your workplace?
 1. _____
 2. _____
 3. _____

IMPORTANT – Secretary-Treasurer/Chairperson please indicate below:

This member is our: 1st choice 2nd choice 3rd choice

Signature of secretary-treasurer/chairperson

Please PRINT Name

Date

Signature of Applicant

Date
