



Application Form

Demystifying Classifications

YOUR NAME: _____

Deadline Dates

- | | | |
|--------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> | <u>Vancouver Island (Victoria)</u> | <u>October 11, 2011 – 5:00pm</u> |
| <input type="checkbox"/> | <u>All Other Regions</u> | <u>October 17, 2011 – 5:00pm</u> |

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

FAX: 604-739-1510

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

DATE SENT: _____ **# OF PAGES:** _____

Demystifying Classifications

PLEASE PRINT IN DARK INK

SECTION A – PERSONAL INFORMATION

I identify my gender as: _____

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: _____ Local: _____

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

Region: North Interior
 Fraser Vancouver Island Vancouver Coastal

Employment Status: Full-time Part-time Casual

Are you a member of an equity group? Lesbian, Gay Men, Bi-Sexual, Transgender,
 People with disAbilities Ethnic Diversity
 First Nations

Emergency contact (Name & Phone): _____

Participants may be eligible for hotel accommodations, based on pre-determined HEU guidelines. Workshops usually finish before 4:00 p.m. on the last day; out-of-town members are encouraged to head home the same day whenever possible. Rooms are booked on a double occupancy basis.

SECTION B – APPLICANT’S COMMENTS

Why do you want to attend this educational opportunity?

What will you do with the information?

How do you feel your experience can/will add to this workshop?

Signature of Applicant

Date

You will be notified in due course of the acceptance/denial of your application for this educational opportunity.

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