



Application Form

Workload OH&S Workshops - 2016

Application Deadline August 9, 2016

Location	Date
Revelstoke	September 7
Lower Mainland	November 8

1. *Get application form from the Local*
2. *Form must be signed by Local Chairperson or Secretary-Treasurer*
3. *Send application by fax or mail to or email to*

FAX: 604-739-1510

EMAIL: ohs@heu.org

MAIL: HEU Provincial Office
EDUCATION DEPARTMENT
5000 North Fraser Way
Burnaby, BC V5J 5M3

Workload OH&S Workshops - 2016

PLEASE PRINT IN DARK INK

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#): _____ Extension: _____

Personal Email: _____

Job Title: _____ Dept: _____

Employer: _____ Work Site: _____

e.g. Northern Health, PHSA, Sodexo, Well-Being

e.g. VGH, Beacon Hill Villa, Reids Corner

Local: _____

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

Employment Status: Full-time Part-time Casual

Region: Fraser Interior
 Northern Vancouver Coastal Vancouver Island

Are you a member of an Equity Seeking Group? LGBTQ2S First Nations
 People with disAbilities Ethnic Diversity
 Women

Emergency contact (Name & Phone): _____

Members at my worksite have raised concerns about workload? Yes No

I am committed to follow up on action plans. Yes No

Have you attended a previous HEU Workload OH&S Workshop? Yes No

If yes, when? _____

Which workshop would you like to attend? (Please only check one):

Revelstoke	(September 7, 2016)	<input type="checkbox"/>
Lower Mainland	(November 8, 2016)	<input type="checkbox"/>

Signature of Applicant

Date

You will be notified if your application is accepted.

Due to a limited amount of space, we may not be able to accept all applications. We will let you know if you are not successful.

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

HEU Member Name: _____

HEU Local: _____

Course/Workshop: _____

This application must be signed by your Local Chairperson or Secretary-Treasurer.

This is to confirm applicant is a member in good standing.

Local Chairperson/Secretary-Treasurer (please print)

Signature

Date