

2016 Workload Workshop

Location	<u>Date</u>		
Victoria	February 23, 2016		
Lower Mainland	February 24, 2016		
Nanaimo	February 25, 2016		
Lower Mainland	March 1, 2016		

Application Deadline: January 15, 2016

- 1. Get application form from the Local or Servicing Representative
- 2 Inform your Local
- 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

Attention: OHS – Ann Johansson

5000 North Fraser Way Burnaby, B.C. V5J 5M3

Workload Workshop - 2016

PLEASE PRINT IN DARK INK

SECTION A - PERSONAL INFORMATION - APPLICANT TO COMPLETE

I identify my	gender as:							
Last Name:	ast Name: First Name:							
Have you red	cently moved?	☐ Yes ☐ No I	lf yes, wh	en?				
Address: Apt/Suite:								
City:	City: Postal Code:							
Mailing Add	ress (if different):						
Home Phone	e:		_ Cell/Pa	ger				
Work Phone (include ext#):			Personal Email:					
Job Title:		I	Dept:					
Employer: _		V	Nork Site	& Location:				
Local:								
What union	position (if any)	do you hold at y	your loca	l?				
Employment Status:				☐ Part-time ☐ Casual		sual		
Are you a m	ember of an Equ	uity Seeking Gro	oup?	☐ LGBTQ2S ☐ People with dis/☐ Women	Abilities	☐ First Nations ☐ Ethnic Diversity		
Region:	□ Fraser □ Northern		□ Interi □ Vano	erior ncouver Coastal □ Vancouver Island		couver Island		
Emergency	contact (Name &	& Phone):						
Members at my worksite have raised concerns about workload?			□ yes	□ no				
I am committe	ed to follow up or	n action plans.			□ yes	□ no		
Date and Lo	cation of works	hop						

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