



# Application Form

## Workload Workshops – 2016

**Application Deadline: February 26, 2016**

<u>Location</u>	<u>Date</u>
Williams Lake	May 11, 2016
Nelson	June 23, 2016
Terrace	June 28, 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**  
5000 North Fraser Way  
Burnaby, B.C. V5J 5M3

## **Workload Workshop – 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

\_\_\_\_\_  
Signature of Applicant Date

Date and Location of Workshop: \_\_\_\_\_

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

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.

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

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

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**Local Chairperson/Secretary-Treasurer (please print)**

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**Signature**