



## Intro Occupational Health and Safety 2009

YOUR NAME: \_\_\_\_\_

REGION	DATE OF COURSE	APPLICATION DEADLINE
Northern (Prince George)	June 2-3, 2009	April 17, 2009
Interior - Okanagan (Kelowna)	June 2-3, 2009	April 17, 2009
Vancouver Island - (Victoria)	July 7-8, 2009	May 29, 2009
Interior - Kootenays (Nelson)	July 14-15, 2009	June 5, 2009
Fraser Valley	Nov 18-19, 2009	September 25, 2009
Vancouver Coastal (Lower Mainland)	Nov 18-19, 2009	September 25, 2009

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

# Intro Occupational Health & Safety 2009

**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 \_\_\_\_\_

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. What are the top three health and safety concerns in your workplace?
    1. \_\_\_\_\_
    2. \_\_\_\_\_
    3. \_\_\_\_\_
  6. What is one expectation you have for this workshop?  
\_\_\_\_\_  
\_\_\_\_\_
- 

### **IMPORTANT** – Secretary-Treasurer/Chairperson please indicate below:

This member is our:  1<sup>st</sup> choice       2<sup>nd</sup> choice       3<sup>rd</sup> choice

\_\_\_\_\_  
Signature of secretary-treasurer/chairperson

\_\_\_\_\_  
Please PRINT Name

\_\_\_\_\_  
Date

**Signature of Applicant**

**Date**