



Preventing Violence In the Workplace 2009

YOUR NAME: _____

REGION	DATE OF COURSE	APPLICATION DEADLINE
Northern (Prince George)	June 4, 2009	April 17, 2009
Interior - Okanagan (Kelowna)	June 4, 2009	April 17, 2009
Vancouver Island - (Victoria)	July 9, 2009	May 29, 2009
Interior - Kootenays (Nelson)	July 16, 2009	June 5, 2009
Fraser Valley	Nov 20, 2009	September 25, 2009
Vancouver Coastal (Lower Mainland)	Nov 20, 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

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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 _____
-

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

Signature of Applicant

Date
