



HEU Application Form

INTRO OH&S WORKSHOPS 2021 (online format)

The workshop schedule is listed by sector and is as follows:

<u>GROUPS</u>	<u>WORKSHOP DATES</u>	<u>REGISTRATION DEADLINES</u>
Group 1 Health Authorities	February 23 and 24	January 12
Group 2 Long-Term Care (Independents and Affiliates), Community Health, and Community Social Services	March 2 and 3	January 19
Group 3 Health Authorities	April 20 and 21	March 9
Group 4 Long-Term Care (Independents and Affiliates), Community Health, and Community Social Services	May 11 and 12	March 30
Group 5 Health Authorities	June 1 and 2	April 20
Group 6 Long-Term Care (Independents and Affiliates), Community Health, and Community Social Services	June 14 and 15	May 3
Group 7 Health Authorities	October 5 and 6	August 24
Group 8 Long-Term Care (Independents and Affiliates), Community Health, and Community Social Services	October 26 and 27	September 14
Group 9 Health Authorities	November 15 and 16	October 4
Group 10 Long-Term Care (Independents and Affiliates), Community Health, and Community Social Services	November 23 and 24	October 12

YOUR NAME: _____

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Send application (complete **ALL** pages **CLEARLY**) by fax or email:

FAX: 604-739-1510 or EMAIL: kturton@heu.org

DATE SENT: _____ **# OF PAGES:** _____

Please note that an endorsement from your Local Chairperson or Secretary-Treasurer is required. If they are not able to sign the application in person, they can email their endorsement to kturton@heu.org with the subject line "OH&S Shop Steward" and include the following in the body of the email: member's name, Chair/S-T name and position, as well as the name of the Local and their endorsement. Emailed endorsements must be received by the registration deadline.

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PLEASE REVIEW THE INFORMATION LETTER BEFORE COMPLETING THIS APPLICATION

PLEASE PRINT CLEARLY IN DARK INK

SECTION A – PERSONAL INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____

Mailing Address (if different): _____

Preferred Contact Phone Number: _____

Home Phone: _____ Cell: _____

Personal Email: _____

Job Title: _____

Employer: _____ Work Site Name: _____

HEU Local (if known): _____

Employment Status: Full-time Part-time Casual

Region: North Interior Vancouver Coastal (includes PHSA)
 Fraser Vancouver Island

I identify my gender as: _____

Do you identify as a member of any of the following equity-seeking groups or as a young worker?

- LGBTQ2S+ Indigenous People with Disabilities Person of Colour
 Women Young Worker (33 years or younger)

Emergency contact Name: _____ Phone: _____

Disclaimer: Personal information collected on this form, will be used to process this application and to update your contact information in HEU's membership database.

SECTION B – QUESTIONNAIRE

Are you on your worksite Joint Occupational Health and Safety Committee as a member or alternate?

Yes No

If yes, how long? _____

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

If yes, when? _____

Please note: If you are not a member/alternate of the Joint OH&S committee or you have attended previous HEU Intro OH&S workshops, you may NOT be selected for this workshop.

Which workshop are you attending, by type of sector? **(Please check one box only):**

Group 1 Health Authorities	February 23 and 24	<input type="checkbox"/>
Group 2 Long-Term Care (Independents and Affiliates), Community Health, and Community Social Services	March 2 and 3	<input type="checkbox"/>
Group 3 Health Authorities	April 20 and 21	<input type="checkbox"/>
Group 4 Long-Term Care (Independents and Affiliates), Community Health, and Community Social Services	May 11 and 12	<input type="checkbox"/>
Group 5 Health Authorities	June 1 and 2	<input type="checkbox"/>
Group 6 Long-Term Care (Independents and Affiliates), Community Health, and Community Social Services	June 14 and 15	<input type="checkbox"/>
Group 7 Health Authorities	October 5 and 6	<input type="checkbox"/>
Group 8 Long-Term Care (Independents and Affiliates), Community Health, and Community Social Services	October 26 and 27	<input type="checkbox"/>
Group 9 Health Authorities	November 15 and 16	<input type="checkbox"/>
Group 10 Long-Term Care (Independents and Affiliates), Community Health, and Community Social Services	November 23 and 24	<input type="checkbox"/>

Signature of Applicant

Date

After the closing date of this workshop, you will be notified by email if your application is accepted and you will be required to apply for leave of absence for union business. Due to a limited amount of space, we may not be able to accept all applications. We will also notify unsuccessful applicants by email.

SECTION C – WORKSHOP INFORMATION:

This section to be filled out by your Local Chairperson or Secretary-Treasurer

HEU Members Name: _____

HEU Local: _____

This section must be signed by your Local Chairperson or Secretary-Treasurer for endorsement, or alternatively, an email confirmation can be sent to kturton@heu.org (see instructions on first page of this form).

Applicant cannot sign on their local's behalf.

Local Chairperson/Secretary-Treasurer (please print)

Signature