

HEU Disability Rights Award Nomination Form



CRITERIA:

- *The recipient of this award will be an HEU member with a disability who is active in the union or in the community.*
- *The recipient will be someone who has made an impact by promoting and defending the rights of persons with disabilities.*
- *The recipient has helped to improve accessibility, working conditions and work practices for people with disabilities in the workplace and/or community.*

NOMINEE:

Name of nominee _____

Local _____

Home phone _____ work phone _____ cell phone _____

Personal email _____

REASON FOR THE NOMINATION:

Please give specific examples of how the nominee meets the award criteria above and include positions, if any, held in HEU, the labour movement or the community (use an additional sheet of paper if more space is needed)

NOMINATED BY:

1. Name _____
Signature _____
Local _____
Home phone _____ work phone _____ cell phone _____
How do you know the nominee? _____
How long have you known the nominee? _____

2. Name _____
Signature _____
Local _____
Home phone _____ work phone _____ cell phone _____
How do you know the nominee? _____
How long have you known the nominee? _____

Please send completed forms to the HEU Provincial Office, 5000 North Fraser Way, Burnaby, B.C.V5J 5M3 or by email to convention@heu.org or by fax at 604-739-1510 by 5:00 pm on Friday, October 8, 2021.

Fax Cover Sheet

CALL FOR NOMINATIONS

HOSPITAL EMPLOYEES' UNION 32nd BIENNIAL CONVENTION – AWARDS 2021

DATE: _____

To: HEU Convention

Fax Number: 604-739-1510

From: _____

Fax Number: _____

Fax Operator: _____

Number of pages (including cover): _____

Original of copy to follow

No original or copies to follow



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