



HEU Application Form

Identity and Ancestry – 2022 (online format)

YOUR NAME: _____

Please indicate which date you are applying for

| <u>DATES</u> | <u>APPLICATION DEADLINE</u> | |
|----------------|-----------------------------|--------------------------|
| March 15, 2022 | February 8, 2022 | <input type="checkbox"/> |
| March 17, 2022 | February 11, 2022 | <input type="checkbox"/> |
| March 25, 2022 | February 18, 2022 | <input type="checkbox"/> |

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

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

FAX: 604-739-1510

EMAIL: vphillips@heu.org

MAIL: HEU Provincial Office
5000 North Fraser Way
Burnaby, B.C. V5J 5M3
ATTENTION: Vickie Phillips

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

IDENTITY and ANCESTRY WORKSHOP – 2022 (online format)

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 Phone Number: _____

Home Phone: _____ **Cell:** _____

Personal Email: _____

Job Title: _____

Employer: _____ **Work Site Name:** _____

HEU Local (if known): _____

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

Do you self-identify with any of the following equity groups? (check any that apply)

Indigenous LGBTQ2S+ Worker with disabilities Worker of Colour
 Two-spirited, women & non-binary Young Worker (33 years or younger)

Emergency contact Name: _____ **Phone:** _____

Do you have any medical condition(s) or is there anything else that we should be aware of that could impact your ability to participate in this event? Yes No

If yes, please briefly explain. (In some cases, a Physician's note may be required)

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

A. Why do you want to attend this workshop?

B. How will you use the skills you learn at the workshop?

C. How will your own experience add to the workshop?

Signature of Applicant

Date

After the closing date of this workshop, you will be notified by email if your application is accepted.

Due to a limited amount of space, we may not be able to accept all applications. We will also notify you by email if you are not successful.