



## HEU Application Form

### INTRO OH&S WORKSHOPS 2022 (online format)

<u>GROUPS</u>	<u>WORKSHOP DATES</u>	<u>REGISTRATION DEADLINES</u>
Group 1 Health Authorities	February 8 and 9	December 28
Group 2 Long-Term Care (Independents and Affiliate), Community Health, and Community Social Services	March 22 and 23	February 8

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

**PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

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

**FAX:** 604-739-1510

**EMAIL:** [kturton@heu.org](mailto:kturton@heu.org)

**MAIL:** HEU Provincial Office  
5000 North Fraser Way  
Burnaby, B.C. V5J 5M3  
**ATTENTION: Kim Turton**

**DATE SENT:** \_\_\_\_\_ **# OF PAGES:** \_\_\_\_\_

# INTRO OH&S WORKSHOPS 2022 (online)

**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 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:** \_\_\_\_\_

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**

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 Intro 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 will NOT be eligible for this workshop.**

Which workshop are you attending, by type of sector? Future dates to follow.

**(Please check one box only):**

<b>Group 1</b> Health Authorities	February 8 and 9	<input type="checkbox"/>
<b>Group 2</b> Long-Term Care (Independents and Affiliates), Community Health, and Community Social Services	March 22 and 23	<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: \_\_\_\_\_

**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](mailto: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**

**Applicant cannot sign on their local’s behalf.**

\_\_\_\_\_  
Local Chairperson/Secretary-Treasurer (please print)

\_\_\_\_\_  
Signature