



## **EXPRESSION OF INTEREST**

### **Enhanced Disability Management Program (EDMP)**

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

**DEADLINE: Thursday, March 31, 2022 at 4:00 p.m.**

***Please complete the attached form and send with your cover letter and resume telling us why you would be a good advocate for EDMP. Applications without a cover letter and resume will not be considered.***

***Send by fax, email, or mail to HEU Provincial Office:***

**FAX:** 604-739-1510 Attention: Roma Prasad

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

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

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

# Enhanced Disability Management Program (EDMP) 2022

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

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

*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.*

**PLEASE DO NOT FORGET TO SEND YOUR COVER LETTER AND RESUME WITH THE APPLICATION FORM. APPLICATIONS WITHOUT A COVER LETTER AND RESUME WILL NOT BE CONSIDERED.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**This form must be signed by your Local Chairperson or Secretary-Treasurer for endorsement.**

If they are not able to sign the application in person, they can email their endorsement to [rprasad@heu.org](mailto:rprasad@heu.org) with the subject line "EDMP 2022" and include the following in the body of the email: your name, their 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 their own form.**

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

\_\_\_\_\_  
Signature