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

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

DATE SENT: _________________________ # OF PAGES: _______
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: ___________________________
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 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