



# HEU Application Form

## INTRO OH&S WORKSHOPS (spring/fall) 2022 (online format)

<u>GROUPS</u>	<u>WORKSHOP DATES</u>	<u>REGISTRATION DEADLINES</u>
<b>Group 3</b> Health Authorities	April 20 and 21	March 9
<b>Group 4</b> Long-Term Care (Independents and Affiliate), Community Health, and Community Social Services	May 10 and 11	March 29
<b>Group 5</b> Health Authorities	June 7 and 8	April 26
<b>Group 6</b> Long-Term Care (Independents and Affiliate), Community Health, and Community Social Services	September 13 and 14	August 2
<b>Group 7</b> Health Authorities	October 4 and 5	August 23
<b>Group 8</b> Long-Term Care (Independents and Affiliate), Community Health, and Community Social Services	November 22 and 23	October 11

**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 (spring/fall) 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 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

**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)

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*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?

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

<b>Group 3</b> Health Authorities	April 20 and 21	<input type="checkbox"/>
<b>Group 4</b> Long-Term Care (Independents and Affiliates), Community Health, and Community Social Services	May 10 and 11	<input type="checkbox"/>
<b>Group 5</b> <b>Health Authorities</b>	June 7 and 8	<input type="checkbox"/>
<b>Group 6</b> Long-Term Care (Independents and Affiliates), Community Health, and Community Social Services	September 13 and 14	<input type="checkbox"/>
<b>Group 7</b> <b>Health Authorities</b>	October 4 and 5	<input type="checkbox"/>
<b>Group 8</b> Long-Term Care (Independents and Affiliates), Community Health, and Community Social Services	November 22 and 23	<input type="checkbox"/>

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

\_\_\_\_\_  
**Date**

After the closing date of this workshop, you will be notified by mail if your application is accepted and 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 you by email if you are not successful.

**SECTION C – WORKSHOP INFORMATION:** (to be filled out by 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 their own form.

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

\_\_\_\_\_  
Signature