



EXPRESSION OF INTEREST

Prevention Steward Pilot Project

For Vancouver Coastal and Vancouver Island Health Authority Locals only

YOUR NAME: _____

Application Deadline: Thursday, March 31, 2022

PLEASE SEND THIS APPLICATION FORM WITH YOUR RESUME AND COVER LETTER

Applications without a cover letter and resume will not be considered

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

FAX: 604-739-1510

EMAIL: rprasad@heu.org

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

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

Prevention Stewards 2022

PLEASE REVIEW THE INFORMATION LETTER BEFORE COMPLETING THIS APPLICATION
PLEASE PRINT CLEARLY IN DARK INK

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Address: _____ Apt/Suite: _____

City: _____ Postal Code: _____

Mailing Address (if different): _____

Preferred Contact Phone Number: _____

Home Phone: _____ Cell: _____

Personal Email (not employer email): _____

Job Title: _____

Employer: _____ Work Site Name: _____

HEU Local (if known): _____

Employment Status: Full-time Part-time Casual

Region: Vancouver Coastal (includes PHSA)

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-spirit, women & non-binary Young Worker (33 years or younger)

Emergency contact (Name & Phone): _____

Do you have any medical condition(s) or require special accommodations 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

PLEASE DO NOT FORET TO SEND YOUR COVER LETTER AND RESUME WITH THE APPLICATION FORM.

APPLICATIONS WITHOUT A COVER LETTER AND RESUME WILL NOT BE CONSIDERED.

After the closing date of this workshop, you will be notified by email if your application is accepted and will be required to apply for leave of absence for union business. We will also notify you by email if you are not successful.

Signature of Applicant

Date

LOCAL ENDORSEMENT: (this portion 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 rprasad@heu.org with the subject line "Prevention Steward 2022" 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