



HEU Application Form

Workplace Stress Roundtable and Mental Health First Aid Standard Virtual 2022 Registration Deadline: June 14, 2022

YOUR NAME: _____

Workplace hazards such as unsafe work, workload, violence, bullying, harassment and workplace conflict can have a significant impact on workers' mental health and well-being.

This Workplace Stress Roundtable and Mental Health First Aid Virtual is for Local Executives, Stewards and Joint OH&S Committee members. HEU wants to hear from you about this very important matter. What are you hearing from our members about their experiences with workplace stress and mental health? Are you being called upon to support members who are experiencing a decline in their mental well-being? How do you respond?

To assist you in this vital work, HEU is inviting you to participate in a roundtable on Workplace Stress Roundtable and Mental Health First Aid Standard. The virtual offering is scheduled over 3 days and participants are expected to attend all 3 days.

Workplace Stress Roundtable and Mental Health First Aid Virtual:

Part I HEU - Workplace Stress Roundtable Virtual (1 day) will be held on October 6th, 2022

Part II Mental Health Commission of Canada - MHFA Standard Virtual (2 days), will be held on October 18th & 19th, 2022

All three days run from 8:45 a.m. to 4:30 p.m.

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

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

FAX: 604-739-1510

ATTENTION: Roma Prasad

EMAIL: rprasad@heu.org

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

Workplace Stress Roundtable and Mental Health First Aid Virtual 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: _____ Apt/Suite: _____

City: _____ Postal Code: _____

Mailing Address (if different): _____

Preferred Contact Phone Number: _____

Home Phone: _____ Cell: _____

Personal Email (do not use the employer 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-spirit, 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)

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

What union position do you hold at your Local?

Please check:

Chairperson Yes No If yes, how long? _____

Vice-Chairperson Yes No If yes, how long? _____

Secretary-Treasurer Yes No If yes, how long? _____

Chief Shop Steward Yes No If yes, how long? _____

Shop Steward Yes No If yes, how long? _____

JOHS Committee Member Yes No If yes, how long? _____

Other: _____

In your role (as a steward, for example), tell us about a situation where you supported a member experiencing a decline or crisis in their mental well-being at work.

Please Describe:

Please note that this workshop is intended for Local Executives, Stewards and Joint OH&S Committee members who have not attended previous offerings of Workplace Stress Roundtable and Mental Health First Aid Virtual. We will not be covering how to care for patients / residents / clients who may be experiencing a decline in their mental health or a mental health crisis.

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.

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Signature of Applicant

Date

SECTION C – WORKSHOP INFORMATION:

(This section 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 “Workplace Stress Roundtable and MHFA Standard Virtual” 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