



HEU Application Form

Know and Enforce Your Rights Workshop

YOUR NAME: _____

	<u>WORKSHOP DATE</u>	<u>LOCATIONS OPEN TO ATTEND</u>	<u>LOCATION</u>	<u>FORMAT</u>	<u>APPLICATION DEADLINE</u>
<input type="checkbox"/>	November 8 – 9, 2022	Squamish to Hope, Sechelt, Gibsons, Powell River, Kootenay's, Northern Inland and Northern Coastal Regions	Burnaby	In Person	October 4, 2022
<input type="checkbox"/>	November 15 – 16, 2022	South Thompson Okanagan, Central Okanagan, Shuswap, Kamloops, 100 Miles', Cariboo-Chilcotin, South Cariboo	Kelowna	In Person	October 11, 2022
<input type="checkbox"/>	November 22 – 23, 2022	North, South and Central Vancouver Island, Gulf Islands	Victoria	In Person	October 18, 2022
<input type="checkbox"/>	November 29 – 30, 2022	Province wide	N/A	Online	October 25, 2022

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

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

FAX: 604-739-1510

EMAIL: dgill@heu.org

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

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

KNOW AND ENFORCE YOUR RIGHTS WORKSHOP 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

Please indicate **where** and **when** you have previously taken **Level 1** and **Level 2** Shop Steward Training:

Level 1 _____

Level 2 _____

How long have you been handling grievances? (12 months required)

Why do you want to attend this workshop?

How will you use the skills you learn at the course?

How will your own experience add to the workshop?

After the closing date of this workshop, you will be notified by mail and/or 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. **Please ensure the email address on your application is current.**

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.

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 dgill@heu.org with the subject line “Know and Enforce Your Rights Workshop” 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