



HEU Application Form

Disability Justice Workshop

Send application (complete **ALL** pages) by fax or mail to:

FAX: 604-739-1510

MAIL: HEU Provincial Office
EDUCATION DEPARTMENT Attention: Morgan Dymond
5000 North Fraser Way
Burnaby, BC V5J 5M3

EMAIL: mdymond@heu.org

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

HEU Disability Justice Workshop 2023
PLEASE PRINT CLEARLY AND IN DARK INK

PLEASE REVIEW THE INFORMATION LETTER BEFORE COMPLETING THIS APPLICATION
PLEASE PRINT CLEARLY AND 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

Why is disability justice a union issue?

Signature of Applicant

Date