



# **HEU Application Form**

## **Intro to OHS – Two-Day Workshop**

**YOUR NAME:** \_\_\_\_\_

<b><u>WORKSHOP DATE</u></b>	<b><u>LOCATION</u></b>	<b><u>APPLICATION DEADLINE</u></b>
April 18 and 19, 2023	Online	March 7, 2023
May 16 and 17, 2023	Prince George	April 4, 2023

**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](mailto:dgill@heu.org)

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

**DATE SENT:** \_\_\_\_\_ **# OF PAGES:** \_\_\_\_\_

**PLEASE NOTE:** 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 [dgill@heu.org](mailto:dgill@heu.org) with the subject line "Intro 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.

## **Intro to OHS – Two-Day Workshop 2023**

**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 ☐ 2SLGBTQIA+ ☐ Persons 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)

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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? Future dates to follow.

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

<b>Workshop 1</b> Online	April 18 and 19	<input type="checkbox"/>
<b>Workshop 2</b> Prince George	May 16 and 17	<input type="checkbox"/>

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

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

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 a 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, or alternatively, an email confirmation can be sent to [dgill@heu.org](mailto:dgill@heu.org) (see instructions on the first page of this form).**

**Applicant cannot sign on their local's behalf.**

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

\_\_\_\_\_  
**Signature**