

# Application

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## 2023 MEMBER FACILITATOR PROGRAM

**Date:** September 6 – 8, 2023

**Location:** Provincial Office      **Registration Deadline:** July 17, 2023

**Your Name:** \_\_\_\_\_

**Please note**

Incomplete applications will not be accepted.

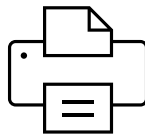
After the closing date of this workshop, you will be notified by email if your application is accepted, and you will be required to apply for leave of absence for union business. Due to a limited amount of space, we may not be able to accept all applications. We will also notify unsuccessful applicants by email.

**Please ensure the email address on your application is current.**

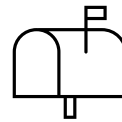
Submit your application form by email, fax, or mail.



**EMAIL:**  
[SChan@heu.org](mailto:SChan@heu.org)



**Fax:**  
604-739-1510



**HEU Provincial Office**  
5000 North Fraser Way  
Burnaby, BC V5J 5M3  
Attention: EDUCATION

**Date Sent:** \_\_\_\_\_ **# of pages:** \_\_\_\_\_

## Section A – Personal Information

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt/Suite:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Personal Email (do not use work email):** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Worksite Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **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+  Worker with disabilities  Worker of Colour

2-Spirit, Women or 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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Do you have an accessibility requirements (i.e. ergonomic chair)? If so, please specify:

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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

1. What interests you in participating in the Member Facilitator Program?

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2. Have you previously been involved in the Member Facilitator Program in the past?

YES  NO

3. If yes, which year(s) were you part of the program?

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4. If you are currently active or involved in any community groups, coalitions, political organizations or equity groups in your community (i.e., 2SLGBTQIA+, advocacy groups, Indigenous communities, Cultural Advisory Committees, Women’s Organizations, Council of Canadians, etc.) please describe your involvement.

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5. If you are currently involved in Union related activity at your workplace or with your HEU Local, please describe your involvement.

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**Signature of Applicant**

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**Date**