

Application



KNOW AND ENFORCE YOUR RIGHTS WORKSHOP

DATE	LOCATION	LOCATIONS OPEN TO APPLY	APPLICATION DEADLINE
September 26 & 27	Kelowna	Interior Kootenay Regions	Aug 15
October 11 & 12	Burnaby	Powell River Sechelt Whistler to Hope Northern Region	Aug 29
October 25 & 26	Victoria	Vancouver Island Gulf Islands Regions	Sept 13

Your Name: _____

Please note

Incomplete applications will not be accepted.

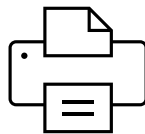
After the closing date of this workshop, you will be notified by email if your application is accepted, and you will be required to apply for leave of absence for union business. Due to a limited amount of space, we may not be able to accept all applications. We will also notify unsuccessful applicants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

Please ensure the email address on your application is current.

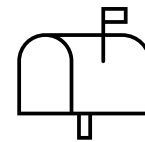
Submit your application form by email, fax, or mail.



EMAIL:
DGill@heu.org



Fax:
604-739-1510



HEU Provincial Office
5000 North Fraser Way
Burnaby, BC V5J 5M3
Attention: Deanna Gill

Date Sent: _____ **# of pages:** _____

PROVINCIAL OFFICE
5000 North Fraser Way,
Burnaby, BC V5J 5M3

TEL 1-800-663-5813
FAX 604-739-1510
WEB www.heu.org

BARB NEDERPEL, President
MEENA BRISARD, Secretary-Business Manager
BETTY VALENZUELA, Financial Secretary

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)

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

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?

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.

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 (see instructions on first page of this form).

Applicants cannot sign on their local's behalf.

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.

Local Chairperson/Secretary-Treasurer
(Please print)

Signature

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.