



EXPRESSION OF INTEREST

Enhanced Disability Management Program (EDMP)

Your name: _____

DEADLINE: Wednesday, January 31, 2024 at 5:00 p.m.

Please complete the attached form and send with your **cover letter and resume** telling us why you would be a good advocate for EDMP. Applications that do not contain all 3 documents are incomplete. Incomplete applications will not be considered.

Send by fax, email, or mail to HEU Provincial Office:

FAX: 604-739-1510

EMAIL: EdmpAdmin@heu.org

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

Date sent: _____ Number of pages: _____

Application for Enhanced Disability Management Program (EDMP) 2024

**PLEASE REVIEW THE INFORMATION LETTER
BEFORE COMPLETING THIS APPLICATION**

PLEASE PRINT CLEARLY IN DARK INK

PERSONAL INFORMATION

Last Name: _____ **First Name:** _____

Address: _____

City: _____ **Postal Code:** _____

Mailing Address (if different): _____

Preferred Contact Phone Number: _____

Home Phone: _____ **Cell:** _____

Personal Email: _____

Job Title: _____

Employer: _____ **Work Site Name:** _____

HEU Local (if known): _____

Affiliate or Health Authority:

- ☐ Affiliate (Island, Vancouver, Fraser or Interior)
☐ Fraser Health ☐ Providence Health ☐ PHSA Health
☐ Interior Health ☐ Island Health ☐ Northern Health ☐ Vancouver Coastal

Do you self-identify with any of the following equity groups? (check any that apply)

- ☐ Indigenous ☐ LGBTQ2S+ ☐ Worker with Disabilities ☐ Worker of Colour
☐ Two-spirited, Women & Non-binary ☐ Young Worker (33 years or younger)

Emergency Contact Name: _____ **Phone:** _____

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.

PLEASE DO NOT FORGET TO SEND YOUR COVER LETTER AND RESUME WITH THE APPLICATION FORM. APPLICATIONS WITHOUT A COVER LETTER AND RESUME WILL NOT BE CONSIDERED.

Signature of Applicant

Date

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 EdmpAdmin@heu.org with the subject line "EDMP 2024" and include the following in the body of the email: your name, their 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 their own form.

Local Chairperson/Secretary-Treasurer
(please print)

Signature