

# Application



## 2024 TRANSFORMING WORKPLACE CONFLICT ONLINE

**Date:** Five-day Workshop - May 6, 7, 14, 21 & 28

**Location:** Online

**Registration Deadline:** March 8, 2024

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

### Five-day schedule

This workshop is made up of five full-day sessions spread out over a four-week period. Participants must be available to attend all five days from 9 a.m. to 4 p.m.

### Also, please note:

Incomplete applications will not be accepted.

After the registration deadline, 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.

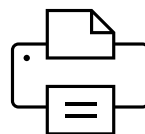
**Please ensure the email address on your application is current.**

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



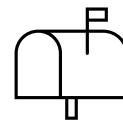
**EMAIL:**

[Education@heu.org](mailto:Education@heu.org)



**Fax:**

604-739-1510



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

**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](http://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 any accessibility requirements (i.e. ergonomic chair)? If so, please specify:

\_\_\_\_\_  
\_\_\_\_\_

## SECTION B – QUESTIONNAIRE

1. Why do you want to attend this workshop?

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2. Are you currently dealing with workplace conflict? If so, please describe:

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3. How do you hope to use the skills you gain from this workshop at your workplace?

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4. Are you active with the union at your site or local? If so, how?

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

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

*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.*