

Application



Lead Shop Steward Workshop

Date: Multiple Dates

Location: In-person and Online

Registration Deadline: Multiple Dates

Your name: _____

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.

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 education@heu.org with the subject line "Lead 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.

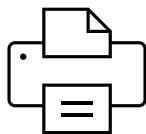
Please ensure the email address on your application is current.

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



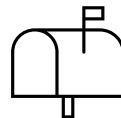
EMAIL:

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

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

1. How long have you been a shop steward? (Please describe your experience)

2. Please check the box of the position you currently hold and for how long:

Lead Shop Steward ☐ Since: _____
Steward Coordinator ☐ Since: _____
Site-Specific Representative ☐ Since: _____

Why do you want to attend this workshop?

3. How will you use these skills you learn at the course?

4. Which workshop are you applying for?

(Please check one only):

In-Person (Provincial Office)	Monday, April 15, 2024	<input type="checkbox"/>
Online (Zoom)	Thursday, June 6, 2024	<input type="checkbox"/>

Signature of Applicant

Date

SECTION C – WORKSHOP INFORMATION

This section to be filled out, endorsed and signed by your Local Chairperson or Secretary Treasurer. (see instructions on first page of this form).

Applicants cannot sign on their local's behalf.

HEU Members Name: _____

HEU Local: _____

Local Chairperson/Secretary-Treasurer
(please print)

Signature