

Application



Introductory to Occupational Health & Safety

Date: Multiple Dates

Location: In-Person

Registration Deadline: Multiple Dates

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.

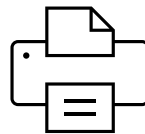
Please ensure the email address on your application is current.

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



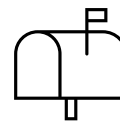
EMAIL:

Education@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)

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

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

Are you on your worksite Joint Occupational Health and Safety Committee as a member or alternate? Yes No

If yes, how long? _____

Have you attended a previous HEU Intro OH&S workshop? Yes No

If yes, when? _____

Please note: If you are not a member/alternate of the Joint OH&S committee or you have attended previous HEU Intro OH&S workshops, you will not be eligible for this workshop.

LOCATION	WORKSHOP DATE	
HEU Provincial Office	February 21 & 22, 2024	<input type="checkbox"/>
Victoria – Hotel Grand Pacific	March 6 & 7, 2024	<input type="checkbox"/>
Nanaimo – Coast Bastion	March 20 & 21, 2024	<input type="checkbox"/>
HEU Provincial Office	April 24 & 25, 2024	<input type="checkbox"/>
Best Western Terrace Inn	June 12 & 13, 2024	<input type="checkbox"/>
Coast Capril Hotel – Kelowna	September 18 & 19, 2024	<input type="checkbox"/>
Delta Hotels by Marriott – Kamloops	September 25 & 26, 2024	<input type="checkbox"/>
HEU Provincial Office	November 13 & 14, 2024	<input type="checkbox"/>

Signature of Applicant

Date