

Application



Workplace Stress Roundtable & Mental Health First Aid Basic 2025 – Interior Region

Date: May 13, 14 & 15, 2025

Location: Coast Capri Hotel, Kelowna **Registration Deadline:** March 21

Your Name: _____

Please note - Applicants must be living in the Interior Region and must attend all three days.

Workplace hazards such as unsafe work, workload, violence, bullying, harassment and workplace conflict can have a significant impact on workers' mental health and well-being.

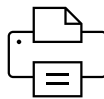
This Workplace Stress Roundtable and Mental Health First Aid Basic is for Local Executives, Stewards and Joint OH&S Committee members. HEU wants to hear from you about this very important matter. What are you hearing from our members about their experiences with workplace stress and mental health? Are you being called upon to support members who are experiencing a decline in their mental well-being? How do you respond?

To assist you in this vital work, HEU is inviting you to participate in the Workplace Stress Roundtable and Mental Health First Aid Basic. The in-person offering is scheduled over three (3) consecutive days and participants are expected to attend all three (3) days.

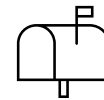
Submit your application form by email, fax, or mail.



EMAIL:
OHSapplications@heu.org



Fax:
604-739-1510



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

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 (35 years or younger)

Older Persons (55 years or older)

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

What union position(s) do you currently hold at your Local?

Please check any that apply:

Chairperson Yes No If yes, how long? _____

Vice-Chairperson Yes No If yes, how long? _____

Secretary-Treasurer Yes No If yes, how long? _____

Chief Shop Steward Yes No If yes, how long? _____

Shop Steward Yes No If yes, how long? _____

JOHS Committee Member Yes No If yes, how long? _____

Other: _____

Please Describe: In your role (as a steward, for example), tell us about a situation where you supported a member experiencing a decline or crisis in their mental well-being at work.

Please note that this workshop is intended for Local Executives, Stewards and Joint OH&S Committee members **who have not attended previous offerings of Workplace Stress Roundtable & Mental Health First Aid, virtual and/or in person.** We will not be covering how to care for patients/residents/ clients who may be experiencing a decline in their mental health or a mental health crisis.

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.

Signature of Applicant

Date

SECTION C – LOCAL ENDORSEMENT

This section must be filled out by your Local Chairperson or Secretary-Treasurer.

Please note that 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 OHSapplications@heu.org with the subject line “**Workplace Stress Roundtable & Mental Health First Aid Basic 2025**” 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.

HEU Member’s Name: _____

HEU Local: _____

Applicant cannot sign on their local’s behalf or sign their own form.

Local Chairperson/Secretary-Treasurer
(please print)

Signature

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.