



INTRO SHOP STEWARD LEVEL ONE WORKSHOP

Date: Multiple Dates

Location: In-Person and Online

Application Deadline: Multiple Deadlines

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 <u>education@heu.org</u> with the subject line "Intro Shop Steward Level 1" 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.

EMAIL: EMAIL: Fax: HEU Provincial Office education@heu.org 604-739-1510 HEU Provincial Office Strutture 5000 North Fraser Way Burnaby, BC V5J 5M3 Attention: EDUCATION

SECTION A – PERSONAL INFORMATION

Last Name:	First Name:		
Address:	Idress: Apt/Suite:		
City: Postal Code:			
Mailing Address (if differ	rent):		
Primary Phone:	Cell Phone:		
	ise 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 wit	h any of the following equity groups? (Check any that apply)		
Indigenous 29	SLGBTQIA+ 🗌 Worker with disabilities 🗌 Worker of Colour		
2-Spirit, women or	Non-Binary 🗌 Young Worker (35 years or younger)		
Older Persons (55 y	/ears or older)		
Emergency Contact Na	ame: Phone:		
Do you have any medic	al condition(s) or is there anything else that we should be		
aware of that could imp	pact your ability to participate in this event? 🗌 YES 🗌 NO		
lf voe place briefly ov	plain. (In some cases, a Physician's note may be required)		
ii yes, please bliefty ex	plain. (In some cases, a Physician's note may be required)		
	ibility requirement (i.e. ergenemic chair)? If as places creative		
Do you have an access	ibility requirement (i.e. ergonomic chair)? If so, please specify:		

SECTION B – WORKSHOP INFORMATION

Please indicate which workshop you are applying for (Please select one only). The option you choose should be within the region where you live:

Workshop Choice

Workshop Date	Location	
December 1 & 2, 2025	Online	
December 3 & 4, 2025	Lower Mainland (Surrey)	

Signature of Applicant

Date

SECTION C – ENDORSEMENT

This section to be filled out by local chairperson or secretary-treasurer.

HEU Local: ______

If local leadership are not able to sign the application in person, they can email their endorsement to <u>education@heu.org</u> with the subject line "Intro Shop Steward Level 1" 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.

Applicant cannot sign on their local's behalf.

Local Chairperson/Secretary-Treasurer	Signature
(please print)	

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.