

# Application

## KNOW AND ENFORCE YOUR RIGHTS WORKSHOP



**Date:** Multiple Dates

**Location:** In-person or Online

**Application 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](mailto:education@heu.org) with the subject line "Know and Enforce your Rights" 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.

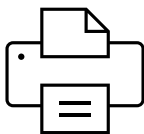
**Please ensure the email address on your application is current.**

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



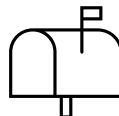
**EMAIL:**

[education@heu.org](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  
**LYNN BUECKERT**, 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 (35 years or younger)  
☐ Older Person (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 an accessibility requirement (i.e. ergonomic chair)? If so, please specify:

---

---

## SECTION B – WORKSHOP INFORMATION

This workshop requires that members have previously attended three days of shop steward training and have at least 12 months active stewarding at the worksite.

1. Have you previously taken shop steward training? Choose all that apply.

- ☐ Yes – Intro Shop Steward Level one with HEU
- ☐ Yes – New Certifications Workshop or Local needs-based Workshop
- ☐ Yes – Intro Shop Steward Level 2 with HEU
- ☐ Yes – With another union or labour organization
- ☐ I have not taken any shop steward training

Comments:

---

---

---

2. How long have you been actively stewarding at your site?

- ☐ Yes – 12 months or more
- ☐ Yes – 12 months or less
- ☐ I have not been actively stewarding

Comments:

---

---

---

---

## Workshop Choice

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 Date	Location	For	
October 15 &16	HEU Provincial Office (Burnaby)	Coastal and Fraser Regions	<input type="checkbox"/>
November 12 & 13	Online	All regions	<input type="checkbox"/>

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

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

## SECTION C – WORKSHOP INFORMATION

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

**HEU Members Name:** \_\_\_\_\_

**HEU Local:** \_\_\_\_\_

If they are not able to sign the application in person, they can email their endorsement to [education@heu.org](mailto:education@heu.org) with the subject line “Know and Enforce Your Rights” 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.

Applicants cannot sign on their local’s behalf.

\_\_\_\_\_  
**Local Chairperson/Secretary-Treasurer**  
(please print)

\_\_\_\_\_  
**Signature**