

# Application



## SOLIDARITY & INCLUSIVE LEADERSHIP WORKSHOP 2025

**Date:** September 14 to 18, 2025

**Location:** Loon Lake Retreat Centre, Maple Ridge BC  
14500 Silver Valley Road – Johnson Cabins

**Application Deadline:** July 18, 2025

**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.

**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 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 an accessibility requirement (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

What interests you in attending this workshop training?

---

---

---

In what ways have you already demonstrated a commitment to taking a lead role in being inclusive & advancing equity and accessibility in the union or workplace?

---

---

---

---

---

---

---

---

***Signature of Applicant***

***Date***

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 the 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.