

# Application



## Member Facilitator Program 2025

**Date:** November 4 to 6, 2025

**Location:** HEU Provincial Office

**Registration Deadline:** September 8, 2025

**Your Name:** \_\_\_\_\_

**Please note:**

Please fill out the entire application form. We can't accept incomplete application forms.

We will let you know if you are accepted after the workshop deadline passes.

If you are accepted, your wages will be covered by the union so you can attend the workshop. We will also pay expenses, according to our policy. You will be required to apply for leave of absence for union business. If you are not sure how, please contact us at [education@heu.org](mailto:education@heu.org)

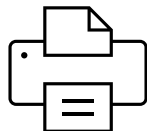
Sometimes we can't accept all applications. We will also notify unsuccessful applicants by email.

**Please make sure that the email address on your application is current.**

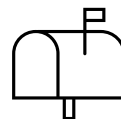
Submit your application form by email, fax, or mail.



**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

## 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? If so, please specify:

---

---

## Section B – Questionnaire

1. What interests you in participating in the Member Facilitator Program?

---

---

---

---

2. Have you previously been involved in the Member Facilitator Program?

YES  NO

If yes, which year(s) were you part of the program?

---

3. If you are currently active or involved in any community groups, coalitions, political organizations or equity groups in your community (i.e., 2SLGBTQIA+, advocacy groups, Indigenous communities, Cultural Advisory Committees, Women’s Organizations, Council of Canadians, etc.) please describe your involvement.

---

---

---

---

4. If you are currently involved in union related activity at your workplace or with your HEU local, please describe your involvement.

---

---

---

---

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

\_\_\_\_\_  
**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.*