

Application



Workplace Stress Roundtable & Mental Health First Aid Basic 2025 – Lower Mainland & Northern Region

Date: October 29 - 31, 2025

Location: HEU Provincial Office **Registration Deadline:** September 5, 2025

Your Name: _____

Please note - Applicants must be living in the **Lower Mainland Region or Northern 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.

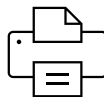
This Workplace Stress Roundtable and Mental Health First Aid Basic is for Local Executives, Stewards and Joint OH&S Committee members. HEU wants to hear from you about this very important matter. What are you hearing from our members about their experiences with workplace stress and mental health? Are 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.

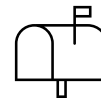
Submit your application form by email, fax, or mail.



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:** _____

PROVINCIAL OFFICE
5000 North Fraser Way
Burnaby, BC V5J 5M3

TEL 1-800-663-5813
FAX 604-739-1510
WEB 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 any accessibility requirements? 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? _____

Lead 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/Secretary-Treasurer, name, and position, as well as the name of the local and their endorsement.

Emailed endorsements must be received by the **September 5, 2025**.

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.