

# Application



## New Certifications Shop Steward Training (In person)

**Date:** March 10 & 11, 2026

**Location:** Lower Mainland

**Application Deadline:** January 11, 2026

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

**Please note - Incomplete applications will not be accepted.**

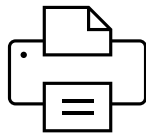
After the application deadline, you will be notified by email if your application is accepted, and you will be required to apply for leave of absence for union business. Due to a limited amount of space, we may not be able to accept all applications. We will also notify unsuccessful applicants by email.

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

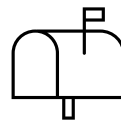
Submit your application form by email, fax, or mail.



**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:** \_\_\_\_\_

## 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)

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Do you have any accessibility requirements? If so, please specify:

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## Section B – Questionnaire

1. Why are you interested in participating in this workshop?

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## SECTION C – ENDORSEMENT

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

If a local has not been fully established yet, an HEU Servicing Representative or Organizer can sign or email their endorsement as well.

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

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

If local leadership 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 “New Certifications Shop Steward Training” 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**

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