

Application



NEW MEMBER ORIENTATION WORKSHOP

Date: July 14, 2026

Location: HEU Provincial Office

Application Deadline: May 6, 2026

Your Name: _____

Please note - Incomplete applications will not be accepted.

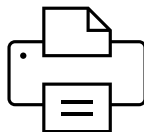
After the application deadline, you will be notified by email if your application is accepted, and you will be required to apply for leave of absence for union business. Due to a limited amount of space, we may not be able to accept all applications. We will also notify unsuccessful applicants by email.

Please ensure the email address on your application is current.

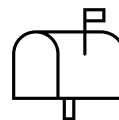
Submit your application form by email, fax, or mail.



EMAIL:
Education@heu.org



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

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)

- | | |
|---|---|
| <input type="checkbox"/> Indigenous | <input type="checkbox"/> Worker of Colour |
| <input type="checkbox"/> 2SLGBTQIA+ | <input type="checkbox"/> Young Worker (35 years or younger) |
| <input type="checkbox"/> People with Disabilities | <input type="checkbox"/> Older Persons (55 years or older) |
| <input type="checkbox"/> 2-Spirit, Women, or Non-Binary | |

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? If so, please specify:

Section B – Workshop Information

This workshop is for members who have been designated by their local to conduct orientation or ‘induction’.

Are you currently designated by your local to conduct orientation or ‘induction’ sessions?

☐ Yes

☐ No

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.

Section C – Endorsement

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

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 with the subject line “New Member Orientation” 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.

Applicant cannot sign on their local’s behalf.

Local Chairperson/Secretary-Treasurer
(please print)

Signature