EXPRESSION OF INTEREST

Regional Joint OHS Committee Pilot Project

For HEU members employed by a Health Authority or Providence Healthcare in worksites covered by the Facilities Bargaining Association (FBA) Provincial Collective Agreement. Candidates must have:

- A passion for occupational health and safety, violence prevention, and/or workplace psychological health and safety
- Minimum of one (1) year of experience as a JOHSC worker representative or equivalent within the last five (5) years
- Additional health and safety training is an asset
- Ability to use digital tools and virtual meeting platforms is an asset.

Submission Deadline: Wednesday, October 28, 2026

Please send this application form with your resume and cover letter.

Send application (complete all pages clearly) by fax or mail or email:

FAX: 604-739-1510
EMAIL: ohs@heu.org
MAIL: HEU Provincial Office 5000 North Fraser Way, Burnaby BC V5J 5M3

Date sent: _____ Number of pages: _____

Please review the attached letter before completing this form. Please PRINT CLEARLY in dark ink.

First name: _____ Last name: _____

Personal email (not employer email): _____

Phone number: _____

Job title: _____

Employer: _____ Work site name: _____

HEU Local: _____

HEU is an equal opportunity employer. We are committed to being a workplace that is free of discrimination, values diversity, and are representative of the communities we serve. We encourage applications from qualified people of all equity seeking groups, including Indigenous persons, Black persons, racialized persons, persons with disabilities, all gender expressions and identities, and sexual orientations.

Disclaimer: Personal information collected on this form is used to process and administer this application for the Regional Joint OHS Committee Pilot Project. Where applicable, contact information may be used to confirm or update existing HEU membership records. Information is collected and handled in accordance with the *Personal Information Protection Act* (BC).

Signature of applicant _____Date _____