Application

INTRO SHOP STEWARD WORKSHOPS

Date: Multiple Dates

Location: In-Person and Online

Application Deadline: December 17, 2026

Your name: _____

Please note: Incomplete applications will not be accepted.

After the registration 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.

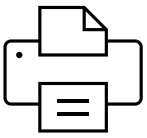
An endorsement from your local chairperson or secretary-treasurer is required. If they are not able to sign the application in person, they can email their endorsement to education@heu.org with the subject line "Introduction to Shop Stewarding" and include the following in the body of the email: member's 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.

Please ensure the email address on your application is current.

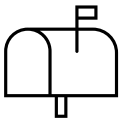
Submit your application form by email, fax, or mail.



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:** _____

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 an accessibility requirement? If so, please specify:

_____

_____

SECTION B – WORKSHOP INFORMATION

Which workshop are you applying for from the options below? (Please select one only).

The workshop you choose should be within the region where you live. A full list of future locations for the first quarter of 2027 is provided in the accompanying letter. Please check the HEU website and your local correspondence to apply for future sessions of this workshop.

Workshop Date	Location	
February 23 – 25, 2027	Burnaby (Lower Mainland)	☐
March 9 – 11, 2027	Online	☐
March 16 – 18, 2027	Nanaimo	☐

_____ _____

Signature of Applicant **Date**

Disclaimer: Personal information collected on this form is used to process your application and administer the workshop. Equity, medical, and accessibility information is used only to support participation or arrange accommodation. Limited information may be shared with service providers (e.g., venues or hotels) where necessary for event delivery. Questions about this collection can be directed to education@heu.org.

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 "Introduction to Shop Stewarding" 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 **Signature**
(please print)