



HEU Registration Form

Table Officers' Training

April 3 – 4, 2017 OR

April 5 – 6, 2017

**Chairpersons, Vice-Chairpersons, Secretary-Treasurers, and
Assistant Secretary-Treasurers**
(Please read cover letter for eligibility)

YOUR NAME: _____

Deadline: Thursday, March 2, 2017 at 5:00 p.m.

Send application (complete **ALL** four (4) pages **CLEARLY**) by fax, email, or mail:

FAX: 604-739-1510

EMAIL: jcruz@heu.org

MAIL: HEU Provincial Office
Education Department
5000 North Fraser Way
Burnaby, B.C. V5J 5M3
ATTENTION: Jamie Cruz

DATE SENT: _____ **# OF PAGES:** _____

TABLE OFFICERS' TRAINING – April 3-4 or April 5-6, 2017

PLEASE PRINT IN DARK INK

Please indicate which workshop you would like to attend:

Session 1 – April 3-4, 2017

Session 2 – April 5-6, 2017

I identify my gender as: _____

Last Name: _____ **First Name:** _____

Have you recently moved? **Yes** **No** **If yes, when?** _____

Address: _____ **Apt/Suite:** _____

City: _____ **Postal Code:** _____

Mailing Address (if different): _____

Home Phone: _____ **Cell/Pager:** _____

Work Phone (include ext#): _____ **Extension:** _____

Personal Email: _____

Job Title: _____ **Dept:** _____

Employer: _____ **Work Site:** _____
e.g. Northern Health, PHSA, Sodexo, Well-Being e.g. VGH, Beacon Hill Villa, Reids Corner

Local: _____

What HEU local executive position do you hold? _____

Local election date: _____

Employment Status: Full-time Part-time Casual

Region: Fraser Interior Vancouver Coastal Vancouver Island
 Northern

Are you a member of an equity seeking group or youth?

LGBTQ2S Indigenous (First Nations) People with disAbilities
 Person of Colour (Ethnic Diversity) Women Youth (33 years or younger)

Emergency contact (Name & Phone): _____

Do you have any medical condition(s) that would require special accommodation during your attendance? Yes No

If yes, please explain what accommodations are required. (Doctor's note may be required.)

Signature of Applicant

Date

You will be notified if your application is accepted.

Due to a limited amount of space, we may not be able to accept all applications. We will let you know if you are not successful.

Personal information will be used solely for the purpose of processing this application form. It will not be disclosed to any other party.

HEU Member Name: _____

HEU Local: _____

Course/Workshop: _____

This application must be signed by your Local Chairperson or Secretary-Treasurer.

This is to confirm applicant is a member in good standing.

Local Chairperson/Secretary-Treasurer (please print)

Signature

Date