



HEU Application Form

INTRO OH&S WORKSHOPS - 2019

YOUR NAME: _____

| <u>REGION / DEADLINE</u> | <u>WORKSHOP LOCATION / DATES</u> |
|-----------------------------------|--|
| LOWER MAINLAND & NORTH | |
| January 18, 2019 | Burnaby February 26 and February 27, 2019 |
| February 1, 2019 | Burnaby March 19 and March 20, 2019 |
| July 16, 2019 | Burnaby September 10 and September 11, 2019 |
| VANCOUVER ISLAND | |
| February 12, 2019 | Victoria April 2 and April 3, 2019 |
| INTERIOR | |
| March 12, 2019 | Okanagan - Kelowna May 7 and May 8, 2019 |
| March 19, 2019 | Kootenay - Nelson May 14 and May 15, 2019 |

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

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

FAX: **604-739-1510**

EMAIL: kturton@heu.org

MAIL: HEU Provincial Office
5000 North Fraser Way
Burnaby, B.C. V5J 5M3
ATTENTION: Kimberly Turton

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

INTRODUCTION TO OCCUPATIONAL HEALTH & SAFETY

PLEASE PRINT CLEARLY IN DARK INK

SECTION A – PERSONAL INFORMATION

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: _____

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

Personal email: _____

Job Title: _____ Dept: _____

Employer: _____ Work Site: _____ Local: _____

What union position (if any) do you hold at your Local? _____

Employment Status: Full-time Part-time Casual

Region: North Interior Vancouver Coastal (includes PHSA)
 Fraser Vancouver Island

I identify my gender as: _____

Do you identify as a member of any of the following equity-seeking groups or as a young worker?

- LGBTQ2S+ Indigenous People with disAbilities Person of Colour
 Women Young Worker (33 years or younger)

Emergency contact (Name & Phone): _____

Medical Condition /Special Accommodation

Do you have any medical condition(s) or require special accommodations 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)

Are you on your worksite Joint Occupational Health and Safety Committee as a member or alternate? Yes No

If yes, how long? _____

Have you attended a previous HEU OH&S workshop? Yes No

If yes, when? _____

Please note:

*** If you are not a member of the Joint OHS committee or you have attended previous HEU OHS workshops, you will not be selected for this workshop.**

**** For this particular course, you can only apply to workshops in your region, with the exception of those from the North Region.**

Which workshop are you attending in your Region? (Please check one only):

- | | | |
|----------------------------------|-----------------------|--------------------------|
| Lower Mainland & North – Burnaby | February 26-27, 2019 | <input type="checkbox"/> |
| Lower Mainland & North – Burnaby | March 19-20, 2019 | <input type="checkbox"/> |
| Lower Mainland & North – Burnaby | September 10-11, 2019 | <input type="checkbox"/> |
| Vancouver Island – Victoria | April 2-3, 2019 | <input type="checkbox"/> |
| Okanagan - Kelowna | May 7-8, 2019 | <input type="checkbox"/> |
| Kootenay - Nelson | May 14-15, 2019 | <input type="checkbox"/> |

Signature of Applicant

Date