



EXPRESSION OF INTEREST

Enhanced Disability Management Program (EDMP)

NAME: _____

DEADLINE: Tuesday, January 19, 2021 at 4:00 p.m.

Please complete the attached form and send with your cover letter and resume telling us why you would be a good advocate for EDMP. Applications without a cover letter and resume will not be considered.

Send by fax, email, or mail to HEU Provincial Office:

FAX: 604-739-1510 Attention: Roma Prasad

EMAIL: rprasad@heu.org

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

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

Enhanced Disability Management Program (EDMP) 2021

**PLEASE REVIEW THE INFORMATION LETTER BEFORE COMPLETING THIS APPLICATION
PLEASE PRINT CLEARLY IN DARK INK**

SECTION A – PERSONAL INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____

Mailing Address (if different): _____

Preferred Contact Phone Number: _____

Home Phone: _____ Cell: _____

Personal Email: _____

Job Title: _____

Employer: _____ Work Site Name: _____

HEU Local (if known): _____

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: _____

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.

PLEASE DO NOT FORGET TO SEND YOUR COVER LETTER AND RESUME WITH THE APPLICATION FORM. APPLICATIONS WITHOUT A COVER LETTER AND RESUME WILL NOT BE CONSIDERED.

Signature of Applicant

Date

This form must be signed by your Local Chairperson or Secretary-Treasurer for endorsement.

Applicant cannot sign their own form.

Local Chairperson/Secretary-Treasurer (please print)

Signature