



HEU Application Form

Know & Enforce Your Rights 2019

Two-Day Intermediate Course for Shop Stewards

<u>Workshop Dates</u>	<u>Location</u>	<u>Application Deadline</u>
September 24 & 25, 2019	Kamloops	<i>August 13, 2019</i>
October 22 & 23, 2019	Victoria	<i>September 10, 2019</i>
October 29 & 30, 2019	Burnaby	<i>September 17, 2019</i>

YOUR NAME: _____

1. Get application form from the Local or the HEU website at www.heu.org
2. Form **must be** signed by Local Chairperson or Secretary-Treasurer

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

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

FAX: 604-739-1510

EMAIL: lpepper@heu.org

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

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

Know and Enforce Your Rights Workshops 2019

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: _____

e.g. Northern Health, PHSA, Sodexo, Well-Being e.g. VGH, Beacon Hill Villa, Reids Corner

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?

- 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)

SECTION B – QUESTIONNAIRE

Please indicate **where** and **when** you have previously taken **Level 1** and **Level 2** Shop Steward Training:

Level 1 _____

Level 2 _____

How long have you been handling grievances? (12 months required)

Why do you want to attend this workshop?

How will you use the skills you learn at the course?

How will your own experience add to the workshop?

Signature of Applicant

Date

Due to a limited amount of space, we may not be able to accept all applications. You will be notified by mail, whether accepted or not accepted.

SECTION C – LOCAL ENDORSEMENT

HEU Member Name: _____

HEU Local: _____

This member is our local union's:

- 1st choice
- 2nd choice
- 3rd choice

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

Local Chairperson or Secretary-Treasurer (please print your name)

Signature of Local Chairperson or Secretary-Treasurer

Date