



HEU Application Form

Know & Enforce Your Rights 2020

Two-Day Intermediate Course for Shop Stewards

| <u>Workshop Dates</u> | <u>Location</u> | <u>Application Deadline</u> |
|-----------------------|-----------------|-----------------------------|
| March 5-6, 2020 | Victoria | January 16, 2020 |
| March 12-13, 2020 | New Westminster | January 23, 2020 |
| April 2-3, 2020 | Kelowna | February 12, 2020 |

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 WORKSHOP 2020

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: _____

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)

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.

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 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