



# HEU Application Form

## Mental Health First Aid – 2020

**YOUR NAME:** \_\_\_\_\_

This workshop is intended for Local stewards, OH&S stewards, Joint OH&S Committee members and activists who deal with issues of mental health in the workplace.

Region	Location	Date	Application Deadline	Please Check One Only Box
Lower Mainland and North	Burnaby	May 6 & 7	March 12	<input type="checkbox"/>
Interior	Kelowna	June 23 & 24	April 30	<input type="checkbox"/>
Vancouver Island	Victoria	Sept. 9 & 10	July 16	<input type="checkbox"/>

*Which workshop are you attending in your Region? (Please check one box above only)*

Day 1:       Registration       8:30 a.m.  
              Workshop           9:00 a.m. – 4:30 p.m.

Day 2:       Workshop           8:30 a.m. – 4:00 p.m.

**PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

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

**FAX:**        **604-739-1510**

**EMAIL:**    [rprasad@heu.org](mailto:rprasad@heu.org)

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

**DATE SENT:** \_\_\_\_\_ **# OF PAGES:** \_\_\_\_\_

# Mental Health First Aid 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):** \_\_\_\_\_

**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:** \_\_\_\_\_

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)

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*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**

What union position do you hold at your Local?

Please check:

- Chairperson                     Yes  No    If yes, how long? \_\_\_\_\_
- Vice-Chairperson             Yes  No    If yes, how long? \_\_\_\_\_
- Secretary-Treasurer         Yes  No    If yes, how long? \_\_\_\_\_
- Trustee                         Yes  No    If yes, how long? \_\_\_\_\_
- Warden                         Yes  No    If yes, how long? \_\_\_\_\_
- Shop Steward                 Yes  No    If yes, how long? \_\_\_\_\_
- OHS Steward                  Yes  No    If yes, how long? \_\_\_\_\_
- Other                            \_\_\_\_\_

In your role as a steward, tell us about a situation where you supported a member experiencing a mental health issue at work.

Please Describe:

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**Please note that this workshop is intended for Local shop stewards, OHS stewards and activists. We will not be covering issues of how to care for patients / residents / clients with mental health.**

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

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**SECTION C – LOCAL ENDORSEMENT**

**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**