



HEU Application Form

INTRO OH&S WORKSHOPS - 2020

YOUR NAME: _____

<u>REGION / DEADLINE</u>	<u>WORKSHOP LOCATION / DATES</u>
LOWER MAINLAND	
January 22, 2020	Burnaby March 3 and March 4, 2020
February 11, 2020	Burnaby March 24 and March 25, 2020
August 11, 2020	Burnaby September 22 and September 23, 2020
VANCOUVER ISLAND	
March 3, 2020	Nanaimo April 7 and April 8, 2020
OKANAGAN	
March 10, 2020	Kamloops April 15 and April 16, 2020
KOOTENAY	
March 31, 2020	Cranbrook May 12 and May 13, 2020
NORTH	
April 14, 2020	Fort St. John May 26 and May 27, 2020

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: Kim 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 may NOT be selected for this workshop.**

****Please only apply to a workshop in your region.**

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

Lower Mainland – Burnaby	March 3 & 4, 2020	<input type="checkbox"/>
Lower Mainland – Burnaby	March 24 & 25, 2020	<input type="checkbox"/>
Lower Mainland – Burnaby	September 22 & 23, 2020	<input type="checkbox"/>
Vancouver Island – Nanaimo	April 7 & 8, 2020	<input type="checkbox"/>
Okanagan - Kamloops	April 15 & 16, 2020	<input type="checkbox"/>
Kootenay - Cranbrook	May 12 & 13, 2020	<input type="checkbox"/>
North – Fort St John	May 26 & 27, 2020	<input type="checkbox"/>

Signature of Applicant

Date

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

This is to confirm applicant is a member in good standing.

Local Chairperson/Secretary-Treasurer (please print)

Signature

Date

(Chairperson and Secretary-Treasurer must not sign their own application form)