



HEU APPLICATION FORM

ONE DAY KNOW & ASSERT OHS RIGHTS WORKSHOP 2018

Let's talk about your rights to a healthy and safe workplace. This is a one day workshop for all HEU members to learn about occupational health and safety rights.

LOCATION (for worksites within 60 mins drive)	DATE
Penticton Penticton Lakeside Resort 21 Lakeshore Dr. W, Penticton	September 11
Nelson HEU Nelson Office 745 Baker Street, Nelson	September 11
Burnaby HEU Provincial Office 5000 North Fraser Way, Burnaby	September 11
Victoria Coast Victoria Harbourside Hotel 146 Kingston St, Victoria	September 18
Nanaimo Coast Bastion Hotel 11 Bastion St, Nanaimo	September 19
Burnaby HEU Provincial Office 5000 North Fraser Way, Burnaby	September 19

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:** _____

One Day Know & Assert OHS Rights Workshop 2018
PLEASE PRINT CLEARLY AND IN DARK INK

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? _____

If you have a Local position, can you encourage another member to attend with you?

Yes, Name of member _____ (Please have this member fill out an application form)

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 youth?

LGBTQ2S Indigenous (First Nations) People with disAbilities
 Person of Colour (Ethnic Diversity) Women Youth (33 years or younger)

Emergency contact (Name & Phone): _____

Medical Condition /Special Accommodation

Do you have any medical condition(s) that would require special accommodation during your attendance? Yes No

If yes, please explain what accommodations are required. (Doctor's note may be required.)

If you have attended previous OHS workshops you will not be selected.

Are you on the Joint OHS Committee?

Yes No

Have you attended previous HEU intro OHS or Know and Assert OHS workshops?

Yes No

Which workshop are you attending? (Please check only one).

Penticton, September 11, 2018

Nelson, September 11, 2018

Burnaby, September 11, 2018

Victoria, September 18, 2018

Nanaimo, September 19, 2018

Burnaby, September 19, 2018

Is your worksite within 60 mins drive to the location you have chosen?

Yes No

Signature of Applicant

Date

You will be notified if your application is accepted.

Personal information will be used solely for the purpose of processing this application form. It will not be disclosed to any other party.

HEU Member Name: _____

HEU Local: _____

Worksite: _____

Date of Course/Workshop/Conference: _____

Location of Course/Workshop/Conference: _____

This application must be signed by your Local Chairperson or Secretary-Treasurer (Chairperson and Secretary-Treasurer must not sign their own application form)

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

Local Chairperson/Secretary-Treasurer (please print)

Signature

Date