



HEU Application Form

Break Open, Bust Out: Authentic Leadership for Women of Colour

A six (6)-Week Self-Paced, Online Course

Mid-January – March, 2018

YOUR NAME: _____

Deadline: Thursday, December 7, 2017 at 5:00 p.m.

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

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

FAX: 604-739-1510

EMAIL: jcruz@heu.org

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

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

Break Open, Bust Out: Authentic Leadership for Women of Colour

PLEASE PRINT CLEARLY AND IN DARK INK

I identify my gender as: _____

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: _____

Employment Status: Full-time Part-time Casual

What union position (if any) do you hold at your local? _____

Region: North Interior Vancouver Coastal (includes PHSA)
 Fraser Vancouver Island

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): _____

1) Why are you interested in participating in the Break Open, Bust Out course?

2) Are you active or involved in any community groups, coalitions, political organizations, or equity groups in your community (i.e. Women’s Organizations, Indigenous community organizations, LGBTQ2S advocacy groups, Cultural Advisory Communities, Council of Canadian etc.)? If yes, please describe your involvement.

3) What involvement have you had in your workplace or HEU Locals?

Signature of Applicant

Date

You will be notified by mail, if you application is accepted.

Due to the limited amount of space, we may not be able to accept all applications. You will be notified by mail, if you are not successful.

HEU Member Name: _____

HEU Local: _____

Date of Course/Workshop/Conference: _____

Location of Course/Workshop/Conference: _____

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

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

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

Signature of Local Chairperson or Secretary-Treasurer

Date