



HEU Application Form

Domestic Violence at Work Workshop

September 5 and 6, 2018

Location: Inn at the Quay, New Westminster

YOUR NAME: _____

Deadline: July 19, 2018 at 5:00pm

Form **must be** signed by Local Chairperson or Secretary-Treasurer

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

FAX: 604-739-1510

MAIL: HEU Provincial Office
EDUCATION DEPARTMENT Attention: **Lindsay Pepper**
5000 North Fraser Way
Burnaby, BC V5J 5M3

EMAIL: lpepper@heu.org

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

HEU Domestic Violence at Work Workshop 2018
PLEASE PRINT CLEARLY AND IN DARK INK

SECTION A – APPLICANT’S 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: _____

Employment Status: Full-time Part-time Casual

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

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

SECTION B – QUESTIONNAIRE

Why do you want to take the Domestic Violence at Work workshop?

Are you currently a Shop Steward and/or OH&S Steward at your local? Yes No

If yes to question above, how long have you been a shop steward and/or OH&S Steward at your local?

Have you previously taken a Shop Steward or OH&S workshop with HEU? Yes No
If yes when and where?

Signature of Applicant

Date

*Please note that this course is intended for Shop Stewards or OH&S Stewards who have attended either an introductory OH&S workshop or an introductory shop steward course, and who have at least two years of experience as a shop steward or OH&S steward in their workplace.

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

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

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

SECTION C – LOCAL ENDORSEMENT

HEU Member Name: _____

HEU Local: _____

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 or Secretary-Treasurer (please print your name)

Signature of Local Chairperson or Secretary-Treasurer

Date