



## Application Form

### HEU EQUITY CONFERENCE

March 25, 26, & 27, 2019

Hyatt Regency Hotel, Vancouver

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

**\*Deadline: Monday, February 11, 2019 at 5:00 p.m.\***

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

FAX: 604-739-1510

EMAIL: [jcruz@heu.org](mailto:jcruz@heu.org)

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

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

**HEU EQUITY CONFERENCE 2019**  
**PLEASE PRINT CLEARLY AND IN DARK INK**

**SECTION A – PERSONAL INFORMATION – APPLICANT TO COMPLETE**

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: \_\_\_\_\_

HEU Local: \_\_\_\_\_

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

Employment Status:  Full-time  Part-time  Casual

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

I identify my gender as: \_\_\_\_\_

Are you a member of an Equity Seeking Group or youth?

- Indigenous (First Nations)  LGBTQ2S  People with disAbilities  
 Person of Colour (Ethnic Diversity)  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 would impact your ability to participate in this event? Yes  No

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

**SECTION B – QUESTIONNAIRE:**

Have you previously **applied** to attend an Equity Conference(s)?  Yes  No

If yes, please circle year(s) applied: 2007 / 2009 / 2011 / 2013 / 2015/ 2017

Have you previously **attended** an Equity Conference(s)?  Yes  No

If yes, please circle year(s) attended: 2007 / 2009 / 2011 / 2013 / 2015/ 2017

How can HEU be a strong voice for human rights and inclusion?

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Have you ever been involved in an HEU workplace campaign? (Please be specific)

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Have you ever been involved in a community or social justice group, an election campaign, your children's school, or your faith community? Please explain and give examples.

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How will you work to build a more equitable union?

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## **SECTION C – EQUITY CAUCUS SELECTION**

Please read the summaries of each caucus below. Indicate which caucus you personally identify with.

If you identify with more than one, please indicate your 1<sup>st</sup> and 2<sup>nd</sup> choice:

<b><u>Name of Caucus</u></b>	(If checking more than one caucus) <b><u>Indicate your 1<sup>st</sup> and 2<sup>nd</sup> choice</u></b>
Ethnic Diversity	_____
Indigenous Peoples	_____
People with disAbilities	_____
Pink Triangle/LGBTQ2S	_____
Women's	_____

These statements from each of the caucuses are intended to provide you with an insight on the discussions that each group may address at this conference.

### **Ethnic Diversity**

This conference aims to bring together workers of colour from diverse cultural, racial and religious backgrounds. We work to achieve equality among HEU members through support, networking, and education.

### **Indigenous Peoples**

Our Indigenous Peoples Caucus invites all Aboriginal HEU members, both urban and rural, status and non-status to participate. Our goal is to share our experiences, traditions, culture and knowledge.

### **People with disabilities**

HEU members with disAbilities - both visible and non-visible, those who are at work as well as those who are off the job. We will share ideas and work on developing strategies for meeting our challenges.

### **Pink Triangle/LGBTQ2S**

Our focus is on the challenges of lesbian, gay, bisexual and transgender persons in the workplace and in our communities. We discuss campaigns, build coalitions with allies, and strive to maintain a support system for each other.

### **Women's**

We are dedicated to promoting women's issues within the union and in our communities. We share experiences and ideas, work on establishing women's committees at locals, and support various women's initiatives in the broader community.

**If you are not selected to attend the conference, your name will be added to the caucus mailing list to receive ongoing information (*unless you tell us not to*).**

**HOTEL / SLEEPING ROOM INFORMATION**

If you are entitled to a hotel room it will be provided on a shared basis. The Financial Secretary will send her expense, travel and accommodation letter with the details at a later date.

Is there someone you prefer to room with, please indicate? (Your choice is not guaranteed)

Name: \_\_\_\_\_  
*(Please print)*

You will be notified of the acceptance and/or denial of your application to attend the 2019 HEU Equity Conference.

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

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

## DELEGATE ACCESSIBILITY REQUEST FORM

*Equity Conference delegates who need assistance when the conference is in session must complete and submit this form with your completed application package to Provincial Office by Monday, February 11, 2019 at 5:00pm.*

Name: \_\_\_\_\_ Local: \_\_\_\_\_

Daytime telephone: \_\_\_\_\_ Evening telephone: \_\_\_\_\_

Personal email: \_\_\_\_\_

**Please check any of the following that applies to you:**

**\*\* Please note that closed captioning is provided in the large plenary only\*\***

Do you require wheelchair/scooter/walker access on the convention floor: Yes  No   
(Please circle which applies to you)

Will your personal care attendant accompany you to the conference? Yes  No

Will your personal care attendant share your room? Yes  No

Name of attendant \_\_\_\_\_ Cell phone number \_\_\_\_\_

Will you be accompanied by a service dog? Yes  No

Which of the following do you require at the hotel?

Wheelchair accessible room Yes  No

Wheelchair accessible shower Yes  No

Fridge for medication Yes  No

Other \_\_\_\_\_

Do you have allergies? Yes  No

Please specify \_\_\_\_\_

Do you require assistance in the event of an emergency? If yes, please provide details:

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Are there other services/equipment that you require that have not been covered? If yes, please provide details:

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