



Application Form

Human Rights and the Duty to Accommodate

Application Deadline: Tuesday, March 27, 2018

DATE	LOCATION
May 2 and 3, 2018	HEU Provincial office 5000 North Fraser Way Burnaby, BC

1. *Get application form from the Local or the HEU website at www.heu.org*
2. *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: **Jamie Cruz**
5000 North Fraser Way
Burnaby, BC V5J 5M3

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

**Human Rights and the Duty to Accommodate
May 2 and 3, 2018**

PLEASE PRINT 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: _____
e.g. Northern Health, PHSA, Sodexo, Well-Being e.g. VGH, Beacon Hill Villa, Reids Corner

Local: _____

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

Employment Status: Full-time Part-time Casual

Region: Fraser Interior Northern Vancouver Coastal 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): _____

Why do you want to attend this workshop?

How will you use the skills and knowledge you gain from the workshop?

How will your own experience add to the workshop?

Signature of Applicant

Date

You will be notified if your application is accepted.

Due to a limited amount of space, we may not be able to accept all applications. We will let you know if you are not successful. Thank you for your application and interest.

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

This section must be signed by your local Chairperson or Secretary-Treasurer.

HEU Member Name: _____

HEU Local: _____

Course/Workshop/Conference: _____

This member is our local unions:

- 1st choice
- 2nd choice
- 3rd choice

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