



# Application Form

## Know & Enforce Your Rights

### Two-Day Intermediate Course for Shop Stewards

<u>Workshop Date</u>	<u>Locations</u>	<u>Deadline</u>
October 2 and 3, 2018	Kamloops	August 29, 2018
October 16 and 17, 2018	Victoria	September 12, 2018
October 23 and 24, 2018	Burnaby	September 26, 2018

1. Get application form from the Local or the HEU website at [www.heu.org](http://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: **Lindsay Pepper**  
5000 North Fraser Way  
Burnaby, BC V5J 5M3

**Email:** [lpepper@heu.org](mailto:lpepper@heu.org)

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

# Know & Enforce Your Rights Two-Day Intermediate Course for Shop Stewards

APPLICATION MUST BE COMPLETED IN FULL  
PLEASE PRINT 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: \_\_\_\_\_  
*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? \_\_\_\_\_  
*e.g. Shop Steward, Chair, Sec/treas, Chief*

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): \_\_\_\_\_  
\_\_\_\_\_

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

Please indicate **where** and **when** you have previously taken **Level 1** and **Level 2** Shop Steward Training:

Level 1 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Level 2 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you been handling grievances? (12 months required)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to attend this workshop?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will you use the skills you learn at the course?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will your own experience add to the workshop?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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.

HEU Member Name: \_\_\_\_\_

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

Date of Course/Workshop/Conference: \_\_\_\_\_

Location of Course/Workshop/Conference: \_\_\_\_\_

This member is our local unions:

1<sup>st</sup> choice

2<sup>nd</sup> choice

3<sup>rd</sup> choice

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

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

\_\_\_\_\_  
**Signature of Local Chairperson or Secretary-Treasurer**

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