



HEU Application Form

Member Facilitators Training

March 12-14, 2018

HEU Provincial Office, Burnaby

YOUR NAME: _____

Deadline: Thursday, February 8, 2018 at 5 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:** _____

HEU Member Facilitation Training 2018

PLEASE PRINT CLEARLY AND IN DARK INK

SECTION A – APPLICANT’S PERSONAL INFORMATION

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: Fraser Interior Vancouver Coastal (includes PHSA)
 North 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): _____

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 – APPLICANTS QUESTIONNAIRE

What interests you in participating in the Member Facilitators Training?

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

If you are currently involved in Union related activity at your workplace or with your HEU Local, please describe your involvement.

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.

SECTION C – LOCAL ENDORSEMENT

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

HEU Member Name: _____

HEU Local: _____

Date of Course/Workshop/Conference: _____

Location of Course/Workshop/Conference: _____

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