

# Intro OH&S (Two-Day) Workshops 2018

\*\*Please note: These workshops are for regular or alternate Joint OH&S Committee members who have not previously attended any HEU OH&S workshops.

| Region & Deadline | Workshop Location & Dates                               | Worksite Location (Venues to be announced)  |  |
|-------------------|---|---|--|
|                   | LAND & NORTH  | ( contract to the contract to |  |
| March 13          | Burnaby Tuesday, April 24 and Wednesday, April 25, 2018 | Vancouver Coastal and Fraser Health Sites as well as Quesnel, Burns Lake, Prince George, Fraser Lake, Fort St. James, Vanderhoof, Mackenzie, First Nations Collective Agreements, Queen Charlotte Hospital, Masset Hospital, Skidegate, Nisga'a and Gitxsan, Peace River North and South, Fort Nelson, Tumbler Ridge, and Chetwynd  |  |
| March 20          | Burnaby Tuesday, May 1 and Wednesday, May 2, 2018       | Vancouver Coastal and Fraser Health Sites as well as Quesnel, Burns Lake, Prince George, Fraser Lake, Fort St. James, Vanderhoof, Mackenzie, First Nations Collective Agreements, Queen Charlotte Hospital, Masset Hospital, Skidegate, Nisga'a and Gitxsan, Peace River North and South, Fort Nelson, Tumbler Ridge and Chetwynd   |  |
| April 3           | Abbotsford  | Vancouver Coastal and Fraser Health Sites   |  |
|                   | Tuesday, May 15 and<br>Wednesday, May 16, 2018          |   |  |
| VANCOUVER         | ISLAND  |   |  |
| May 9             | Nanaimo Wednesday, June 20 and Thursday, June 21, 2018  | Greater Victoria, Sooke, Saanich, Gulf Island,<br>Cowichan, Lady Smith, Nanaimo, Qualicum, Port<br>Alberni, Courtney and Campbell River   |  |
| INTERIOR          |   |   |  |
| April 16          | Kelowna Tuesday, May 29 and Wednesday, May 30, 2018     | South Okanagan, Penticton, Keremeos, Princeton,<br>Armstrong, Vernon, Central Okanagan, Summerland,<br>Enderby, Revelstoke, Salmon Arm, Kamloops, 100<br>Miles, Cariboo-Chilcotin, Lillooet, South Cariboo and<br>Merritt   |  |
| May 1             | Nelson  Tuesday, June 12 and Wednesday, June 13, 2018   | Fernie, Cranbrook, Kimberley, Windermere, Creston,<br>Golden, Nelson, Castlegar, Arrow Lakes, Trail, and<br>Grand Forks   |  |

- 1. Form must be signed by your Local chairperson or Secretary-Treasurer
- 2. Send application by fax or mail to or email to Sonia Paone via:

**FAX:** 604-739-1510

**EMAIL:** spaone@heu.org

MAIL: HEU Provincial Office

**EDUCATION DEPARTMENT** 

5000 North Fraser Way Burnaby, B.C. V5J 5M3

# Intro OH&S (two-day) Workshops - 2018

#### PLEASE PRINT IN DARK INK

#### **SECTION A – APPLICANT'S PERSONAL INFORMATION**

| I identify my gender as:              |   |                       |                              |  |  |
|---------------------------------------|---|-----------------------|------------------------------|--|--|
| ast Name: First Name:                 |   |                       |                              |  |  |
| Have you recently moved?              | ? ☐ Yes ☐ No If yes, w                                | hen?                  |                              |  |  |
| Address:                              | Apt/Suite:  |                       | Suite:                       |  |  |
| City:                                 | Postal Code:  |                       |                              |  |  |
| Mailing Address (if differe           | nt):  |                       |                              |  |  |
| Home Phone:                           |   | _Cell:                |                              |  |  |
| Work Phone (include ext#)             | ):  | Extension:            |                              |  |  |
| Personal Email:                       |   |                       |                              |  |  |
| Job Title:                            | itle: Dept:   |                       |                              |  |  |
| Employer:                             | Work Site:  |                       |                              |  |  |
| Local:                                |   |                       |                              |  |  |
| Employment Status:                    | ☐ Full-time   | ☐ Part-time           | ☐ Casual                     |  |  |
| What union position (if an            | y) do you hold at your loc                            | al?                   |                              |  |  |
| Region: Fraser North                  | ☐ Interior<br>☐ Vancouver Island                      | ☐ Vancouver Coa       | astal (includes PHSA)        |  |  |
| Do you identify as a memb             | per of any of the following                           | g equity-seeking gro  | oups or youth?               |  |  |
| <u> </u>                              | Indigenous (First Nations) or (Ethnic Diversity)   Wo | <del></del> ·         |                              |  |  |
| Emergency contact (Name               | e & Phone):   |                       |                              |  |  |
| Medical Condition /Specia             | I Accommodation                                       |                       |                              |  |  |
| Do you have any medical co<br>Yes  No | ondition(s) that would requir                         | e special accommod    | ation during your attendance |  |  |
| If yes, please explain what a         | accommodations are require                            | ed. (Doctor's note ma | y be required.)              |  |  |

## SECTION B - APPLICANT'S QUESTIONNAIRE

| Nana                   |  | June 20-21, 2018                                       |                          |
|------------------------|--|--|--------------------------|
| Lowe<br>Kelov<br>Nelso |  | May 15-16, 2018<br>May 29-30, 2018<br>June 12-13, 2018 |                          |
|                        | er Mainland – Burnaby<br>er Mainland – Burnaby                             | •  |                          |
| Which work             | shop are you applying for?   | (Please check one <b>only</b> ):                       |                          |
|                        | ote: To be eligible for thing for the solution of the Joint OHS committer. |  | •                        |
| If yes, whe            | en?  |  |                          |
| Have you att           | ended a previous HEU OH&   | S workshop? ☐ Yes ☐                                    | No                       |
| If yes, how            | v long?  |  |                          |
| Are you on alternate?  | your worksite Joint Occup ☐ Yes ☐ Member                                   | ational Health and Safety<br>□ No<br>□ Alternate       | Committee as a member or |

Due to a limited amount of space, we may not be able to accept all applications. We will let you know if your application is accepted, or not.

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

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

| HEU Member Name:   |
|--|
| HEU Local:   |
| Workshop Name and Date:                                    |
|  |
| This is to confirm applicant is a member in good standing. |
|  |
| Local Chairperson/Secretary-Treasurer (please print)       |
|  |
| Signature  |
| Date   |