



HEU APPLICATION

WORKPLACE MENTAL HEALTH 2018

This workshop is intended for Local stewards and activists who deal with issues of mental health in the workplace

Region	Date	Venue
Lower Mainland and North Deadline: August 10	September 25 and 26, 2018	Hilton Metrotown 6083 McKay Avenue Burnaby
Vancouver Island Deadline: August 31	October 10 and 11, 2018	Coast Harbourside Hotel 146 Kingston Street Victoria
Interior Deadline: September 7	October 16 and 17, 2018	Hotel 540 540 Victoria Street Kamloops

Day 1: Registration 8:30 a.m.
 Workshop 9:00 a.m. – 4:30 p.m.

Day 2: Workshop 8:30 a.m. – 4:00 p.m.

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

FAX: 604-739-1510

EMAIL: kturton@heu.org

MAIL: HEU Provincial Office
5000 North Fraser Way
Burnaby, B.C. V5J 5M3
ATTENTION: KIM TURTON

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

Workplace Mental Health Workshop 2018

PLEASE PRINT CLEARLY AND 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: _____ Local: _____

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

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): _____

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.)

What union position do you hold at your Local?

Please check:

- Chairperson Yes No If yes, how long? _____
- Vice-Chairperson Yes No If yes, how long? _____
- Secretary-Treasurer Yes No If yes, how long? _____
- Trustee Yes No If yes, how long? _____
- Warden Yes No If yes, how long? _____
- Shop Steward Yes No If yes, how long? _____
- OHS Steward Yes No If yes, how long? _____
- Other _____

Did you apply for Workplace Mental Health Workshop in 2017? Yes No

If yes, did you attend the Workplace Mental Health Workshop in 2017? Yes No

Briefly describe workplace mental health issues you have experienced or you have dealt with as a union steward at your Local.

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.

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

HEU Member Name: _____

HEU Local: _____

Worksite: _____

Date of Course/Workshop/Conference: _____

Location of Course/Workshop/Conference: _____

This application must be signed by your Local Chairperson or Secretary-Treasurer (Chairperson and Secretary-Treasurer must not sign their own application form)

This is to confirm applicant is a member in good standing.

Local Chairperson/Secretary-Treasurer (please print)

Signature

Date