



## **HEU Application Form**

### **Workplace Mental Health Workshop**

**November 21 and 22, 2017**

### **HEU Provincial Office**

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

**YOUR NAME:** \_\_\_\_\_

**Deadline: Tuesday, October 10, 2017 at 5:00 p.m.**

**PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED and MUST BE SIGNED BY LOCAL CHAIRPERSON OR SECRETARY-TREASURER**

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

**FAX:**       **604-739-1510**

**EMAIL:**    **spaone@heu.org**

**MAIL:**     HEU Provincial Office  
5000 North Fraser Way  
Burnaby, B.C. V5J 5M3  
**ATTENTION: SONIA PAONE**

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

**HEU Workplace Mental Health Workshop 2017**  
**PLEASE PRINT CLEARLY AND IN DARK INK**

**SECTION A – 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:  North  Interior  Vancouver Coastal (includes PHSA)  
 Fraser  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 at the Conference? Yes  No

If yes, please explain what accommodations are required. (Doctor's note may be required.)

## **SECTION B – APPLICANT QUESTIONNAIRE**

What union position do you hold at your Local?

Please check:

Chairperson	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how long?	_____
Vice-Chairperson	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how long?	_____
Secretary-Treasurer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how long?	_____
Trustee	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how long?	_____
Warden	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how long?	_____
Shop Steward	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how long?	_____
OHS Steward	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how long?	_____
Other	_____			

Briefly describe how mental health has impacted your workplace and how your employer and/or the union has dealt with these issues (no names please).

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\_\_\_\_\_  
**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.

*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 INFORMATION**

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

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

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

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

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

*(Note: Chairperson/Secretary-Treasurer must not sign their own application form)*

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**