



## HEU Application Form

# Table Officers' Training – Spring 2021 (online format)

for

**Chairpersons, Vice-Chairpersons, Secretary-Treasurers and  
Assistant Secretary-Treasurers**

*(Please review information letter for eligibility)*

<b>SESSION</b>	<b>REGISTRATION DEADLINE</b>
March 1, 2 & 3, 2021	February 8, 2021
April 19, 20 & 21, 2021	March 15, 2021
May 3, 4 & 5, 2021	March 29, 2021
May 26, 27 & 28, 2021	April 21, 2021

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

**PLEASE NOTE INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

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

**FAX:**       **604-739-1510**

**EMAIL:**    [jcruz@heu.org](mailto:jcruz@heu.org)

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

All applicants will be notified by email whether successful or not. Due to a limited amount of space we may not be able to accept all applicants. Successful applicants will then need to apply for Union Leave, where applicable. Please ensure the email address on your application is current.

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PLEASE REVIEW INFORMATION LETTER BEFORE COMPLETING APPLICATION

Please select the earliest possible session following your local elections:

- March 1, 2 & 3, 2021                       May 3, 4 & 5, 2021  
 April 19, 20 & 21, 2021                 May 26, 27 & 28, 2021

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Site Name: \_\_\_\_\_

HEU Local: \_\_\_\_\_ Local Election Date: \_\_\_\_\_

What HEU Local Executive position do you hold? \_\_\_\_\_

- 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-deserving groups or as a young worker?

- LGBTQ2S+     Indigenous     People with Disabilities     Person of Colour  
 Women         Young Worker (33 years or younger)

Emergency contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any medical condition(s) or is there anything else that we should be aware of that could impact your ability to participate in this event?    Yes     No

If yes, please briefly explain. (In some cases, a Physician's note may be required)

*Disclaimer: Personal information collected on this form, will be used to process this application and to update your contact information in HEU's membership database*