



## **HEU Registration Form**

### **Table Officers' Training**

**April 29 & 30, 2019 OR**

**May 1 & 2, 2019**

**Chairpersons, Vice-Chairpersons, Secretary-Treasurers, and  
Assistant Secretary-Treasurers**  
*(Please read cover letter for eligibility)*

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

**\*Deadline: Monday, March 25, 2019 at 5:00 p.m.\***

*Send application (complete **ALL** four (4) pages **CLEARLY**) by fax, email, or mail:*

**FAX:** 604-739-1510

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

**MAIL:** HEU Provincial Office  
**Education Department**  
5000 North Fraser Way  
Burnaby, B.C. V5J 5M3  
**ATTENTION: Jamie Cruz**

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

**TABLE OFFICERS' TRAINING – April 29 & 30 or May 1 & 2, 2019**

**PLEASE PRINT IN DARK INK**

*Please indicate which workshop you would like to attend:*

*Session 1 – April 29 & 30, 2019*

*Session 2 – May 1 & 2, 2019*

**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/Pager:** \_\_\_\_\_

**Work Phone (include ext#):** \_\_\_\_\_ **Extension:** \_\_\_\_\_

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

**Job Title:** \_\_\_\_\_ **Dept:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Site:** \_\_\_\_\_  
*e.g. Northern Health, PHSA, Sodexo, Well-Being* *e.g. VGH, Beacon Hill Villa, Reids Corner*

**Local:** \_\_\_\_\_

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

**Local election date:** \_\_\_\_\_

**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?**

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

**Emergency contact (Name & Phone):** \_\_\_\_\_

**Medical Condition /Special Accommodation**

Do you have any medical condition(s) or require special accommodations 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)

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