



HEU Application Form

Workplace Stress and Mental Health Series: OH&S Consultation on Workplace Stress and Mental Health First Aid Standard (Virtual) 2021

YOUR NAME: _____

Workplace hazards such as unsafe work, workload, violence, bullying, harassment and workplace conflict can have a significant impact on workers' mental health and well-being.

This Workplace Stress and Mental Health Series is for Local Executives, Stewards and Joint OH&S Committee members. HEU wants to hear from you about this very important matter. What are you hearing from our members about their experiences with workplace stress and mental health? Are you being called upon to support members who are experiencing a decline in their mental well-being? How do you respond?

To assist you in this vital work, HEU is inviting you to participate in a two-part series on Workplace Stress and Mental Health First Aid. The virtual series is scheduled over three days and participants are expected to attend all three days.

Workplace Stress and Mental Health Series:

Part I: HEU OH&S Consultation on Workplace Stress Virtual (one day) will be held on September 15, 2021

Part II MHFA Standard Virtual (two days), please choose only one of the following options:

Dates	Application Deadline	Choose One Option
Option 1 – October 4 & 5, 2021 MHFA Standard Virtual	June 11, 2021	<input type="checkbox"/>
Option 2 – October 7 & 8, 2021 MHFA Standard Virtual	June 11, 2021	<input type="checkbox"/>

All three days run from 8:45 a.m. to 4:30 p.m.

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

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

EMAIL: rprasad@heu.org or **FAX:** 604-739-1510

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

Workplace Stress and Mental Health Series Virtual 2021

PLEASE REVIEW THE INFORMATION LETTER BEFORE COMPLETING THIS APPLICATION
PLEASE PRINT CLEARLY IN DARK INK

SECTION A – PERSONAL INFORMATION

Last Name: _____ **First Name:** _____

Address: _____

City: _____ **Postal Code:** _____

Mailing Address (if different): _____

Preferred Contact Phone Number: _____

Home Phone: _____ **Cell:** _____

Personal Email: _____

Job Title: _____

Employer: _____ **Work Site Name:** _____

HEU Local (if known): _____

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 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.

SECTION B – QUESTIONNAIRE

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? _____

Chief Shop Steward Yes No If yes, how long? _____

Shop Steward Yes No If yes, how long? _____

JOHS Committee Member Yes No If yes, how long? _____

Other: _____

You must provide a response to one of the following scenarios:

In your role (as a steward, for example), tell us about a situation where you supported a member experiencing a decline or crisis in their mental well-being at work.

OR

In your role (as a steward, for example), tell us about stress in your workplace and the impact it is having on your co-workers.

Please Describe:

Please note that this workshop is intended for Local Executives, Stewards and Joint OH&S committee members. We will not be covering how to care for patients / residents / clients who may be experiencing a decline in their mental health or a mental health crisis.

Due to a limited amount of space, we may not be able to accept all applications.

You will be notified after the application deadline by email as to whether or not your application is accepted. If accepted, you will be required to apply for leave of absence for Union business.

Signature of Applicant

Date

SECTION C – LOCAL ENDORSEMENT

This section must be filled out by your Local Chairperson or Secretary-Treasurer

Please note that an endorsement from your Local Chairperson or Secretary-Treasurer is required. If they are not able to sign the application in person, they can email their endorsement to rprasad@heu.org with the subject line "**Workplace Stress and Mental Health Series Virtual 2021**" and include the following in the body of the email: member's name, Chair/S-T name and position, as well as the name of the Local and their endorsement. Emailed endorsements must be received by the registration deadline.

HEU Member's Name: _____

HEU Local: _____

Applicant cannot sign on their local's behalf.

Local Chairperson/Secretary-Treasurer (please print)

Signature

Date: _____