HEU disAbility Rights Award Nomination Form



CRITERIA:

- The recipient of this award will be an HEU member with a disability who is active in the union or in the community.
- The recipient will be someone who has made an impact by promoting and defending the rights of persons with disabilities.
- The recipient has helped to improve accessibility, working conditions and work practices for people with disabilities in the workplace and/or community.

NOMINEE:					
Name of nominee					
Local					
Home phone	work phone		cell phone		_
Personal email					
REASON FOR THE NOMIN	IATION:				
Please give specific examples of paper if more space is need	the labour moveme	ent or the co	mmunity (use	an additiona	

INATED BY:		
Name		
Local		
How do you know the	e nominee?	
How long have you kr	nown the nominee?	
Name		
Local		
Home phone	work phone	cell phone
How do you know the	e nominee?	
How long have you kr	nown the nominee?	
	Signature Local Home phone How do you know the how long have you know the home Signature Local Home phone How do you know the how do you know the home	INATED BY: Name

Please return this form, completed in full and signed by two nominators, to Patti da Silva, 5000 North Fraser Way, Burnaby, B.C. V5J 5M3 or pdasilva@heu.org or by fax at 604-739-1510 by **5:00 pm, Friday, August 19, 2016.**