APPLICATION FORM

Truth and Reconciliation Workshop October 26, 2017

Application Deadline: Thursday, September 7, 2017

PLEASE ENSURE THAT YOUR APPLICATION FORM IS <u>COMPLETE</u> BEFORE YOU RETURN IT TO THE BURNABY PROVINCIAL OFFICE.

Send application by fax or mail or email to:

MAIL: HEU Provincial Office

EDUCATION DEPARTMENT 5000 North Fraser Way Burnaby, B.C. V5J 5M3

ATTENTION: Jamie Cruz

EMAIL: jcruz@heu.org

FAX: 604-739-1510

Truth and Reconciliation Workshop

PLEASE PRINT IN DARK INK

| What is your current gender identity? | | |
|---|--|--|
| 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:Extension: | | |
| Personal Email: | | |
| Job Title: Dept: | | |
| Employer: Work Site: e.g. Northern Health, PHSA, Sodexo, Well-Being e.g. VGH, Beacon Hill Villa Local: | | |
| What union position (if any) do you hold at your local? | | |
| Employment Status: ☐ Full-time ☐ Part-time ☐ Casual | | |
| Region: ☐ Fraser ☐ Interior | | |
| ☐ Northern ☐ Vancouver Coastal ☐ Vancouver Island | | |
| Are you a member of an Equity Group? | | |
| ☐ LGBTQ2S+ ☐ Indigenous Peoples ☐ People with disAbilities | | |
| □Person of Colour □ Women | | |
| Emergency contact (Name & Phone): Personal information will be used solely for the purpose of processing this application form. It will not be disclosed to any other party. | | |

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| This is the first time that HEU is offering this workshop. Why do you want to attend this workshop? | | |
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| Why is truth and reconciliation imp | oortant to the union? | |
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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.