



Application Form

Know & Enforce Your Rights

Two-Day Intermediate Course for Shop Stewards

Workshop Date	Locations and Deadline	Regions open to attend
November 7 & 8, 2017	Kelowna Deadline September 15, 2017	Kootenays, South Okanagan, Thompson Okanagan, Cariboo, and Columbia-Shuswap
November 21 & 22, 2017	Victoria Deadline September 29, 2017	Vancouver Island, Gulf Islands, and South Coast
November 28 & 29, 2017	Burnaby Deadline October 6, 2017	Pemberton to Hope, Peace River, and all Coastal and Inland Northern Regions

1. Get application form from the Local or the HEU website at www.heu.org
2. Form **must be** signed by Local Chairperson or Secretary-Treasurer

Send application (complete **ALL** pages) by fax or mail to:

FAX: 604-739-1510

MAIL: HEU Provincial Office
EDUCATION DEPARTMENT Attention: **Vickie Phillips**
5000 North Fraser Way
Burnaby, BC V5J 5M3

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

Know & Enforce Your Rights Two-Day Intermediate Course for Shop Stewards

APPLICATION MUST BE COMPLETED IN FULL
PLEASE PRINT IN DARK INK

I identify my gender as: _____

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 (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 union position (if any) do you hold at your local? _____
e.g Shop Steward, Chair, Sec/treas, Chief

Employment Status: Full-time Part-time Casual

Region: North Interior Vancouver Coastal (includes PHSA)
 Fraser Vancouver Island

Do you identify as a member of any of the following equity-seeking groups or youth?

- LGBTQ2S Indigenous (First Nations) People with disAbilities
 Person of Colour (Ethnic Diversity) Women Youth (33 years or younger)

Emergency contact (Name & Phone): _____

Personal information will be used solely for the purpose of processing this application. It will not be disclosed to any other party.

Please indicate **where** and **when** you have previously taken **Level 1** and **Level 2** Shop Steward Training:

Level 1 _____

Level 2 _____

How long have you been handling grievances? (12 months required)

Why do you want to attend this workshop?

How will you use the skills you learn at the course?

How will your own experience add to the workshop?

Signature of Applicant

Date

You will be notified by mail, if your application is accepted.

Due to a limited amount of space, we may not be able to accept all applications. You will be notified by mail, if you are not successful.

HEU Member Name: _____

HEU Local: _____

Date of Course/Workshop/Conference: _____

Location of Course/Workshop/Conference: _____

This member is our local unions:

1st choice

2nd choice

3rd choice

This application must be signed by your Local Chairperson or Secretary-Treasurer.

This is to confirm applicant is a member in good standing.

Local Chairperson or Secretary-Treasurer (please print your name)

Signature of Local Chairperson or Secretary-Treasurer

Date