



HEU Application Form

Supervisors' Conference and Workshop 2017 – Lower Mainland

September 26 and 27, 2017

HEU Provincial Office, Burnaby, BC

Application Deadline: Friday, August 11, 2017 at 5:00 p.m.

1. Get application form from the Local or 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: **Sonia Paone**
5000 North Fraser Way
Burnaby, BC V5J 5M3

EMAIL: spaone@heu.org

DATE SENT: _____ # OF PAGES: _____

SUPERVISORS' CONFERENCE AND WORKSHOP – Lower Mainland 2017

APPLICATION MUST BE COMPLETED IN FULL AND IN DARK INK

I identify my gender as: _____

Last Name: _____ First Name: _____

Address: _____ Apt/Suite: _____

City: _____ Postal Code: _____

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

How long have you been a supervisor at your local? _____

What department do you supervise? _____

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): _____

Do you have any special needs? Yes No

If "yes", please specify: _____

Signature of Applicant

Date

You will be notified by mail, if your application is accepted or not. Due to a limited amount of space, we may not be able to accept all applications.

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

HEU Member Name: _____

HEU Local: _____

Date of Course/Workshop/Conference: _____

Location of Course/Workshop/Conference: _____

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