



HEU Application Form

Transforming Workplace Conflict 2023 (online format)

YOUR NAME: _____

This is a five-session series, members are required to attend all five (5) dates:

May 3, 4, 11, 18, and 25, 2023 at 9:30 a.m. – 3:45 p.m.

Application Deadline: April 3, 2023

PLEASE NOTE INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

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

FAX: 604-739-1510

EMAIL: mdymond@heu.org

MAIL: HEU Provincial Office
5000 North Fraser Way
Burnaby, B.C. V5J 5M3
ATTENTION: Morgan Dymond

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

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PLEASE REVIEW THE INFORMATION LETTER BEFORE COMPLETING THIS APPLICATION

PLEASE PRINT CLEARLY IN DARK INK

SECTION A – PERSONAL INFORMATION

Last Name: _____ First Name: _____

Address: _____ Apt/Suite: _____

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

Do you self-identify with any of the following equity groups? (check any that apply)

Indigenous LGBTQ2S+ Worker with disabilities Worker of Colour
 Two-spirited, women & non-binary Young Worker (33 years or younger)

Emergency contact (Name & Phone): _____

Do you have any medical condition(s) or require special accommodations 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 – APPLICANTS QUESTIONNAIRE

1. Why do you want to attend this workshop?

2. Are you currently dealing with workplace conflict? If so, please describe:

3. How do you hope to use the skills you gain from this workshop at your workplace?

4. Are you active with the union at your site or local? If so, how?

Signature of Applicant

Date

After the closing date of this workshop, you will be notified by email if your application is accepted, and you will be required to apply for leave of absence for union business. Due to a limited amount of space, we may not be able to accept all applications. We will also notify unsuccessful applicants by email. Please ensure the email address on your application is current.