

# Application



## INTRO TO OH&S – TWO DAY WORKSHOP

WORKSHOP DATE	LOCATION	APPLICATION DEADLINE
Sept 12 & 13, 2023	Victoria	August 2, 2023
Oct 24 & 25, 2023	Burnaby	Sept 12, 2023
Nov 21 & 22, 2023	Online via Zoom	Oct 10, 2023

**Your Name:** \_\_\_\_\_

**Please note**

Incomplete applications will not be accepted.

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.

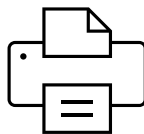
**Please ensure the email address on your application is current.**

Submit your application form by email, fax, or mail.



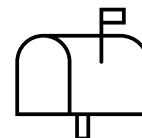
**EMAIL:**

**[DGill@heu.org](mailto:DGill@heu.org)**



**Fax:**

**604-739-1510**



**HEU Provincial Office  
5000 North Fraser Way  
Burnaby, BC V5J 5M3  
Attention: Deanna Gill**

**Date Sent:** \_\_\_\_\_ **# of pages:** \_\_\_\_\_

**PROVINCIAL OFFICE**  
5000 North Fraser Way,  
Burnaby, BC V5J 5M3

**TEL** 1-800-663-5813  
**FAX** 604-739-1510  
**WEB** [www.heu.org](http://www.heu.org)

**BARB NEDERPEL**, President  
**MEENA BRISARD**, Secretary-Business Manager  
**BETTY VALENZUELA**, Financial Secretary

## Section A – Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address (if different):  
\_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Personal Email (do not use work email): \_\_\_\_\_

Employer: \_\_\_\_\_ Worksite Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ 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 ☐ 2SLGBTQIA+ ☐ Worker with disabilities ☐ Worker of Colour

☐ 2-Spirit, Women or Non-Binary ☐ Young Worker (33 years or younger)

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any medical condition(s) or is there anything else 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)

\_\_\_\_\_  
\_\_\_\_\_

Do you have an accessibility requirements (i.e. ergonomic chair)? If so, please specify:

\_\_\_\_\_  
\_\_\_\_\_

*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 – Questionnaire

Are you on your worksite Joint Occupational Health and Safety Committee as a member or alternate?

☐ YES ☐ NO

If yes, how long? \_\_\_\_\_

Have you attended a previous HEU Intro OH&S workshop? ☐ YES ☐ NO

If yes, when? \_\_\_\_\_

**Please note: If you are not a member/alternate of the Joint OH&S committee or you have attended previous HEU Intro OH&S workshops, you will NOT be eligible for this workshop.**

Which workshop are you attending? Future dates to follow.

**(Please check one box only):**

<b>Workshop 1</b> Victoria	September 12 and 13	<input type="checkbox"/>
<b>Workshop 2</b> Burnaby	October 24 and 25	<input type="checkbox"/>
<b>Workshop 3</b> Online via Zoom	November 21 and 22	<input type="checkbox"/>

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

## SECTION C – WORKSHOP INFORMATION

This section to be filled out by Local Chairperson or Secretary Treasurer

HEU Members Name: \_\_\_\_\_

HEU Local: \_\_\_\_\_

Please note that an endorsement from your Local Chairperson or Secretary-Treasurer is required.

This form must be signed by your Local Chairperson or Secretary-Treasurer for endorsement, or alternatively, an email confirmation can be sent to [dgill@heu.org](mailto:dgill@heu.org) (see instructions on first page of this form).

Applicants cannot sign on their local's behalf.

If they are not able to sign the application in person, they can email their endorsement to [dgill@heu.org](mailto:dgill@heu.org) with the subject line "Chief Shop Steward" and include the following in the body of the email: member's name, Chair/S-T name and position, as well as the name of the Local and their endorsement. Emailed endorsements must be received by the registration deadline.

\_\_\_\_\_  
Local Chairperson/Secretary-Treasurer (please print)

\_\_\_\_\_  
Signature