

# Application



## Workplace Stress Roundtable & Mental Health First Aid Basic 2024 – Victoria

**Date:** June 4, 5, & 6, 2024

**Location:** Coast Victoria Hotel, Victoria BC **Registration Deadline:** April 26

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

**Please note** - Applicants must be living in the Vancouver Island Region and attend all three days.

Workplace hazards such as unsafe work, workload, violence, bullying, harassment and workplace conflict can have a significant impact on workers' mental health and well-being.

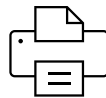
This Workplace Stress Roundtable and Mental Health First Aid Basic is for Local Executives, Stewards and Joint OH&S Committee members. HEU wants to hear from you about this very important matter. What are you hearing from our members about their experiences with workplace stress and mental health? Are you being called upon to support members who are experiencing a decline in their mental well-being? How do you respond?

To assist you in this vital work, HEU is inviting you to participate in the Workplace Stress Roundtable and Mental Health First Aid Basic. The in-person offering is scheduled over three (3) consecutive days and participants are expected to attend all three (3) days.

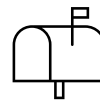
Submit your application form by email, fax, or mail.



**EMAIL:**  
[OHSapplications@heu.org](mailto:OHSapplications@heu.org)



**Fax:**  
604-739-1510



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

**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)

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

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*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

What union position(s) do you currently hold at your Local?

Please check any that apply:

Chairperson  Yes  No If yes, how long? \_\_\_\_\_

Vice-Chairperson  Yes  No If yes, how long? \_\_\_\_\_

Secretary-Treasurer  Yes  No If yes, how long? \_\_\_\_\_

Chief Shop Steward  Yes  No If yes, how long? \_\_\_\_\_

Shop Steward  Yes  No If yes, how long? \_\_\_\_\_

JOHS Committee Member  Yes  No If yes, how long? \_\_\_\_\_

Other: \_\_\_\_\_

**Please Describe:** In your role (as a steward, for example), tell us about a situation where you supported a member experiencing a decline or crisis in their mental well-being at work.

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Please note that this workshop is intended for Local Executives, Stewards and Joint OH&S Committee members **who have not attended previous offerings of Workplace Stress Roundtable & Mental Health First Aid, virtual and/or in person.** We will not be covering how to care for patients/residents/ clients who may be experiencing a decline in their mental health or a mental health crisis.

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.

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

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

## SECTION C – LOCAL ENDORSEMENT

This section must be filled out by your Local Chairperson or Secretary-Treasurer.

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

If they are not able to sign the application in person, they can email their endorsement to [ohsapplications@heu.org](mailto:ohsapplications@heu.org) with the subject line “Workplace Stress Roundtable & Mental Health First Aid Basic 2024” 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.

HEU Member’s Name: \_\_\_\_\_

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

Applicant cannot sign on their local’s behalf or sign their own form.

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

\_\_\_\_\_  
**Signature**

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