

Application



Demystifying Classification

Date: September 23 & 24, 2024

Location: In-person **Registration Deadline:** July 22, 2024

Your Name: _____

Please note

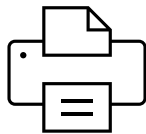
Incomplete applications will not be accepted.

Please ensure the email address on your application is current.

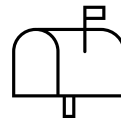
Submit your application form by email, fax, or mail.



EMAIL:
Education@heu.org



Fax:
604-739-1510



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

Date Sent: _____ **# of pages:** _____

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 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): _____
Local Meeting Election Date: _____
What union position do you hold at your local? _____

Employment Status: Full-time Part-time Casual

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

Sector: Facilities Bargaining Agreement Community Bargaining Association
 Social Services Private Sector

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 requirement (i.e. ergonomic chair)? If so, please specify:

SECTION B – APPLICANT’S COMMENTS

Have you dealt with any classification disputes? (Please describe your role/experience)

Why do you want to attend this workshop?

How will you use the skills you learned through the course?

Signature of Applicant

Date

SECTION C – LOCAL CHAIRPERSON OR SECRETARY-TREASURER

The following information is to be filled out by the Local Chairperson or Secretary-Treasurer

HEU Member Name: _____

HEU Local: _____

Date of Course/Workshop/Conference: _____

Location of Course/Workshop/Conference: _____

Our Local is in the following region:

Region:

- Fraser
- Interior
- North
- Vancouver Coastal
- Vancouver Island

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 _____