# **Application**

# CUPE UNION

# **Table Officers Training**

Date: Multiple Dates

**Location**: In-person/Online Registration Deadline: Multiple Dates

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:	
	Postal Code:	
Mailing Address (if different):		
Primary Phone: Cell Phone:		
Personal Email (do not use work	email):	
	Worksite Name:	
	HEU Local (if known):	
Local Meeting Election Date: _		
What HEU Local Executive pos	sition do you hold?	
Region: North In	Ill-time Part-time Casual terior Vancouver Coastal (inclu	udes PHSA)
Do you self-identify with any o	f the following equity groups? (Chec	k any that apply)
☐ Indigenous ☐ 2SLGBTQIA+ ☐ Worker with disabilities ☐ Worker of Colour		
2-Spirit, Women or Non-Bi	nary 🔲 Young Worker (33 years o	r younger)
Emergency Contact Name: Phone:		ne:
Do you have any medical cond	lition(s) or is there anything else tha	at we should be aware
of that could impact your ability to participate in this event? 🗌 YES 🔲 NO		
If yes, please briefly explain. (I	n some cases, a Physician's note n	nay be required)
Do you have an accessibility re	equirement (i.e. ergonomic chair)?	If so, please specify:
Workshop Date	Location	Select one
<u> </u>	HEU Provincial Office	Select one
April 30, May 1&2	Online	
May 6, 7 & 8		
May 28, 29 & 30	HEU Provincial Office  Date to be determined	
Additional	Date to be determined	
opportunity		