

# Application



## Anti-Racism & Bystander Intervention Workshop

**Date:** Multiple Dates

**Location:** In-person/Online      **Registration Deadline:** August 23, 2024

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

**Please note**

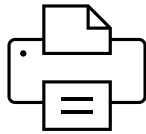
Incomplete applications will not be accepted.

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

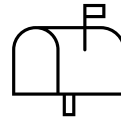
Submit your application form by email, fax, or mail.



**EMAIL:**  
[Education@heu.org](mailto: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): \_\_\_\_\_

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

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## Section B – Questionnaire

1. How can we stand up against racism in our workplaces and communities?

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2. Why do you want to attend this workshop?

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3. Which workshop are you applying for? (Please check one only):

WORKSHOP DATE	LOCATION	SELECT ONE
*October 16, 2024	Lower Mainland	<input type="checkbox"/>
November 12, 2024	Online	<input type="checkbox"/>

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**Signature of Applicant**

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**Date**

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