



EXPRESSION OF INTEREST

Alternates to the Enhanced Disability Management Program (EDMP)

Your name: _____

DEADLINE: Monday, September 16, 2024, at 5:00 p.m.

Please complete the attached form and send with your **cover letter and resume** telling us why you would be a good advocate for EDMP. Applications that do not contain all 3 documents are incomplete. Incomplete applications will **not** be considered.

To qualify, you must be a regular part-time or full-time employee covered by the FBA collective agreement and you must also have minimum of 3 years combined experience as a shop steward and/or JOHS committee member.

Send by fax, email, or mail to HEU Provincial Office:

FAX: 604-739-1510

EMAIL: EdmpAdmin@heu.org

MAIL: ATTENTION: EOI EDMP 2024
HEU Provincial Office
5000 North Fraser Way
Burnaby, B.C. V5J 5M3

Date sent: _____ Number of pages: _____

Application for Enhanced Disability Management Program (EDMP) 2024

PLEASE REVIEW THE INFORMATION LETTER
BEFORE COMPLETING THIS APPLICATION

(PLEASE PRINT CLEARLY IN DARK INK)

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____

Preferred Contact Phone Number: _____

Home Phone: _____ Cell: _____

Personal Email: _____

Job Title: _____

Employer: _____ Work Site Name: _____

HEU Local (if known): _____

Current employment status covered by FBA collective agreements:

Regular Full-time Regular Part-Time Casual On leave

Affiliate or Health Authority:

Affiliate from Island Vancouver Fraser Interior

Fraser Health Providence Health PHSA Health

Interior Health Island Health Northern Health Vancouver Coastal

Number of years as:

Union Shop Steward: where _____ when _____

Member of the JOHS: where _____ when _____

Do you self-identify with any of the following equity groups? (check any that apply)

- Indigenous LGBTQ2S+ Worker with Disabilities Worker of Colour
- Two-spirited, Women & Non-binary Young Worker (33 years or younger)

Emergency Contact Name: _____ **Phone:** _____

PLEASE DO NOT FORGET TO SEND YOUR COVER LETTER AND RESUME WITH THE APPLICATION FORM. APPLICATIONS WITHOUT A COVER LETTER AND RESUME WILL NOT BE CONSIDERED.

Signature of Applicant

Date

This form must be signed by your Local Chairperson or Secretary-Treasurer for endorsement.

If they are not able to sign the application in person, they can email their endorsement to EdmpAdmin@heu.org with the subject line “EOI EDMP – for first name last name” and include the following in the body of the email: your name, their name and position, as well as the name of the Local and their endorsement. Emailed endorsements must be received by the registration deadline.

Applicant cannot sign their own form.

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

Signature

**Chairperson or Secretary-Treasurer, when you endorse your local member, you are verifying they met the minimum requirements, and you support their application.

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.