# **Application**

# EMPLOYEES UNION

# INTRO SHOP STEWARD LEVEL ONE WORKSHOP

Date: Multiple Dates Location: In-Person and Online

Registration Deadline: Multiple Deadlines

Your i	name:			

#### Please note

Incomplete applications will not be accepted.

After the registration deadline, 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.

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 <a href="mailto:education@heu.org">education@heu.org</a> with the subject line "Intro Shop Steward" 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.

Please ensure the email address on your application is current.

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



education@heu.org



Fax: 604-739-1510



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

Date Sent: \_\_\_\_\_ # of pages: \_\_\_\_

## **SECTION A - PERSONAL INFORMATION**

Last Name:	First Name:				
	Apt/Suite: Postal Code:				
Primary Phone:					
Personal Email (do not use work email):					
Employer:	Worksite Name:				
	HEU Local (if known):				
	Part-time Casual Vancouver Coastal (includes PHSA)				
Do you self-identify with any of the follow	ving equity groups? (Check any that apply)  Vorker with disabilities  Worker of Colour				
Indigenous 2SLGBTQIA+ W	vorker with disabilities worker of Colour				
2-Spirit, Women or Non-Binary Y	oung 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 cas	ses, a Physician's note may be required)				
Do you have an accessibility requiremen	t (i.e. ergonomic chair)? If so, please specify:				

### SECTION B – WORKSHOP INFORMATION

Please indicate which workshop you are interested in.

#### **Workshop Choice**

Workshop Date	Location						
February 19 & 20, 2025	Online						
February 25 & 26, 2025	Burnaby						
March 4 & 5, 2025	Victoria						
March 26 & 27, 2025	Nanaimo						
Signature of Applicant	 						
SECTION C – WORKSHOP INFORMATION  (This section to be filled out by Local Chairperson or Secretary Treasurer)  HEU Members Name:							
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HEU Local:							

If local leadership are not able to sign the application in person, they can email their endorsement to education@heu.org with the subject line "Intro Shop Steward Level 1" 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.

Applicant cannot sign on their local's behalf.

Local Chairperson/Secretary-Treasurer Signature (please print)

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.