

Application



Disability Justice Workshop

Dates: Multiple Dates

Location: Online and in person **Registration Deadline:** Multiple Dates

Your 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.

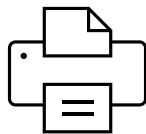
Please ensure the email address on your application is current.

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



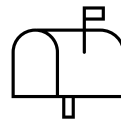
EMAIL:

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.

PROVINCIAL OFFICE
5000 North Fraser Way
Burnaby, BC V5J 5M3

TEL 1-800-663-5813
FAX 604-739-1510
WEB www.heu.org

BARB NEDERPEL, President
LYNN BUECKERT, Secretary-Business Manager
BETTY VALENZUELA, Financial Secretary

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)

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

Section B

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

WORKSHOP DATE	LOCATION	SELECT ONE
January 31, 2025	Online	<input type="checkbox"/>
May 7, 2025	Lower Mainland	<input type="checkbox"/>
May 8, 2025	Lower Mainland	<input type="checkbox"/>