

Application



2025 GETTING INVOLVED WORKSHOP IN PERSON AND ONLINE

Date: Multiple Dates

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

Your Name: _____

Please note

Incomplete applications will not be accepted.

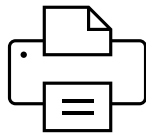
After the registration deadline, you will be notified by email if your application is accepted, and you will be required to apply for leave of absence for union business. Due to a limited amount of space, we may not be able to accept all applications. We will also notify unsuccessful applicants by email.

Please ensure the email address on your application is current.

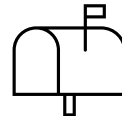
Submit your application form by email, fax, or mail.



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 – Questionnaire

1. Why do you want to take this workshop? Check all that apply

I want to take information from this workshop back to members at my Local

I want to learn to be a better worker advocate

I want to learn more about my own rights

Not sure

Other – please share

2. Have you taken this workshop before:

Yes

No

Not sure

3. All HEU members and staff are expected to follow the union’s human rights policy while attending union events. You can view the full policy here:

<https://www.heu.org/heu-human-rights-policy>



Do you agree to follow HEU’s human rights policy if you attend the workshop?

Yes

No

Not sure

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

Online	Monday, February 24, 2025	<input type="checkbox"/>
Nanaimo	Wednesday, April 16, 2025	<input type="checkbox"/>
Lower Mainland	Wednesday, April 23, 2025	<input type="checkbox"/>
Nelson	Wednesday, May 14, 2025	<input type="checkbox"/>
Prince George	Wednesday, June 18, 2025	<input type="checkbox"/>
Kelowna	Tuesday, June 24, 2025	<input type="checkbox"/>
Victoria	Tuesday, September 16, 2025	<input type="checkbox"/>
Lower Mainland	Tuesday, October 21, 2025	<input type="checkbox"/>
Online	Monday, November 17, 2025	<input type="checkbox"/>

Signature of Applicant

Date

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