

# Application



## FREE YOUR VOICE – STAND YOUR GROUND WORKSHOP 2025

**Date:** Revised – New Dates Available

**Location:** Online

**Registration Deadline:** February 14, 2025

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

**Please note:**

Please fill out the entire application form. We can't accept incomplete application forms.

We will let you know if you are accepted after the workshop deadline passes.

If you are accepted, your wages will be covered by the union for you to attend the workshop. We will also pay expenses, according to our policy. You will be required to apply for leave of absence for union business. If you are not sure how, please contact us at [education@heu.org](mailto:education@heu.org).

Sometimes we can't accept all applications. We will also notify unsuccessful applicants by email.

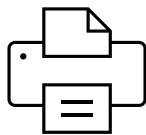
**Please make sure that the email address on your application is current.**

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



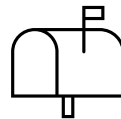
**EMAIL:**

[Education@heu.org](mailto:Education@heu.org)



**Fax:**

604-739-1510



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

## SECTION A – PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Personal Email (do not use work email): \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

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

## SECTION B – QUESTIONNAIRE

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

- |  |   |
|--|---|
| <input type="checkbox"/> Indigenous                    | <input type="checkbox"/> Worker of colour                   |
| <input type="checkbox"/> 2SLGBTQIA+                    | <input type="checkbox"/> Young worker (35 years or younger) |
| <input type="checkbox"/> Worker with disabilities      | <input type="checkbox"/> Older person (55 years or older)   |
| <input type="checkbox"/> 2-Spirit, Women or Non-Binary |   |

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 C – MORE INFORMATION

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 the union
- I want to learn more about my own rights
- Someone told me I should attend this workshop.

If so, who told you to attend? \_\_\_\_\_

- Not sure
- Other – please share

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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

## SECTION D – SUPPORTS

HEU wants our education to be accessible to all members. That means we want to take away barriers to participation wherever possible.

Are there any supports that you need to be able to fully participate in the workshop?  
Check all that apply.

- Ergonomic chair
- Closed captioning
- Sign language interpretation
- Receiving written materials in advance
- Access to a fridge to keep medications cold
- More frequent breaks or longer breaks
- Other – please share \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies or sensitivities (i.e. bees, wasps, peanuts, perfumes, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you need to carry an epinephrine autoinjector (**EpiPen**)?

- Yes                       No

### Workshop Choice

Workshop Date	Location	
March 25, 2025	Online	<input type="checkbox"/>
March 27, 2025	Online	<input type="checkbox"/>
April 15, 2025	Online	<input type="checkbox"/>

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**