

# Application



## LEAD SHOP STEWARD WORKSHOP

**Date:** Multiple Dates

**Location:** In-person and online

**Registration Deadline:** February 18, 2025

**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.

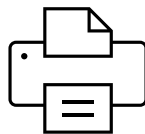
An endorsement from your Local Chairperson or Secretary-Treasurer is required. If they are not able to sign the application in person, they can email their endorsement to [education@heu.org](mailto:education@heu.org) with the subject line "Intro Shop Steward" and include the following in the body of 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.**

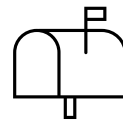
Submit your application form by email, fax, or mail.



**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

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

## 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 (35 years or younger)  
 Older Persons (55 years or older)

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)

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

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## SECTION B – WORKSHOP QUESTIONNAIRE

1. How long have you been a shop steward? (Please describe your experience)

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2. Please check the box of the position you currently hold and for how long:

Lead Shop Steward             Since: \_\_\_\_\_  
Steward Coordinator         Since: \_\_\_\_\_  
Site-Specific Representative  Since: \_\_\_\_\_

Why do you want to attend this workshop?

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3. How will you use these skills you learn at the course?

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4. Which workshop are you applying for?

(Please check one only):

<b>Online (Zoom)</b>	Monday, April 7, 2025	<input type="checkbox"/>
<b>In-person (Provincial Office)</b>	Tuesday, April 8, 2025	<input type="checkbox"/>

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

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

## SECTION C – WORKSHOP INFORMATION

(This section to be filled out by Local Chairperson or Secretary Treasurer)

**HEU Members Name:** \_\_\_\_\_

**HEU Local:** \_\_\_\_\_

If local leadership are not able to sign the application in person, they can email their endorsement to [education@heu.org](mailto:education@heu.org) with the subject line “Lead Shop Steward Workshop ” 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**  
(please print)

\_\_\_\_\_  
**Signature**