## **Application**

# INTRO SHOP STEWARD LEVEL ONE WORKSHOP



**Date**: Multiple dates

**Location**: In-Person and Online

Registration Deadline: Multiple dates

Your name:
i vui ilailie.

#### 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:
City:	Postal Code:
Mailing Address (if different):	
Primary Phone:	
Personal Email (do not use work email):	
	Worksite Name:
Job Title:	HEU Local (if known):
	Part-time Casual
Region: North Interior Fraser Vancouve	☐ Vancouver Coastal (includes PHSA) er Island
Do you self-identify with any of the fol	llowing equity groups? (Check any that apply)
☐ Indigenous ☐ 2SLGBTQIA+	Worker with disabilities
2-Spirit, Women or Non-Binary	Young Worker (35 years or younger)
Worker of Colour	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 abilit	y 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 requiren	nent (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	
April 23 & 24, 2025	Kelowna	
June 25 & 26, 2025	Prince George	
Signature of Applicant	Date	
SECTION C – WORKSHO	OP INFORMATION	
This section to be filled out by Lo	ocal Chairperson or Secretary	Treasurer)
HEU Members Name:		
HEU Local:		
If local leadership are not able endorsement to education@heu.include the following in the booposition, as well as the name of must be received by the registration.	org with the subject line "Intrody of the email: member's the Local and their endorsem	o Shop Steward Level 1 " a name,Chair/S-T name a
Applicant cannot sign on their I	local's behalf.	
Local Chairperson/Secretary-T	 reasurer Signature	
please print)	reasurer Signature	

Disclaimer: Personal information collected on this form, will be used to process this application and to  $update\ your\ contact\ information\ in\ HEU's\ membership\ database.$