

# Application



## Queer, Trans and Two-Spirit Justice for Allies Workshop

**Date:** April 16, 2025

**Location:** HEU Provincial Office **Registration Deadline:** March 5, 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)

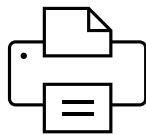
Sometimes we can't accept all applications. We will also notify unsuccessful applicants by email.

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

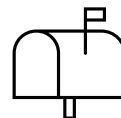
Submit your application form by email, fax, or mail.



**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

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

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

**TEL** 1-800-663-5813  
**FAX** 604-739-1510  
**WEB** [www.heu.org](http://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)

- |  |   |
|--|---|
| <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 |   |

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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*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.*