

Application

Human Rights and the Duty to Accommodate



Date: September 17 & 18, 2025

Location: Holiday Inn Express, Burnaby **Registration Deadline:** July 17, 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.

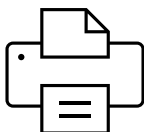
Please ensure the email address on your application is current.

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



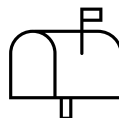
EMAIL:

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 (35 years or younger)
☐ Older Person (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)

Do you have an accessibility requirements? If so, please specify:

Section B – QUESTIONNAIRE

This workshop is intended for members who are currently shop stewards, EDMP stewards, or OH&S worker representatives.

1. Are you currently a shop steward, EDMP Steward, or OH&S worker representative?

- ☐ YES
- ☐ NO
- ☐ NOT SURE

Signature of Applicant

Date