Application

LEAD SHOP STEWARD WORKSHOP 2025

Date : October 28, 2025 Location : In-person
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Registration Deadline: September 2, 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 with the subject line "Lead 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



604-739-1510



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

Date Sent:	# of pages:
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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.

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 Parent	ancouver Coastal (includes PHSA)
Do you self-identify with any of the following Indigenous 2SLGBTQIA+ Worl 2-Spirit, Women or Non-Binary Your Older Persons (55 years or older)	ker with disabilities Worker of Colour
Emergency Contact Name:	Phone:
Do you have any medical condition(s) or is the aware of that could impact your ability to pa	<u> </u>
If yes, please briefly explain. (In some cases	, a Physician's note may be required)
Do you have an accessibility requirement (i.	e. ergonomic chair)? If so, please specify:

SECTION B – WORKSHOP QUESTIONNAIRE

1. How long have you been a shop steward? (Please describe your experience)			
2. Please check the box of the	position you c	urrently hold and for how long:	
Lead Shop Steward Steward Coordinator Site-Specific Representative	☐ Since: ☐ Since: ☐ Since:		
3. Why do you want to attend t	his workshop?	•	
4. How will you use the skills y	ou learn in this	s course?	
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:	
endorsement to education@heu.org with the and include the following in the body of the	application in person, they can email their subject line "Lead Shop Steward Workshop" email: member's name, Chair/S-T name and id their endorsement. Emailed endorsements.
Applicants cannot sign on their local's behalf	:
Local Chairperson/Secretary-Treasurer (please print)	Signature