

Application



INTRO SHOP STEWARD WORKSHOP

Date: December 15-17, 2026

Location: Online

Application Deadline: August 7, 2026

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.

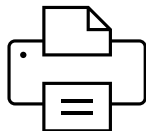
An endorsement from your local chairperson or secretary-treasurer is required. If they are not able to sign the application in person, they can email their endorsement to education@heu.org with the subject line "Intro Shop Steward Level 1" and include the following in the body of the email: member's 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.

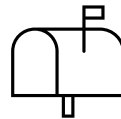
Submit your application form by email, fax, or mail.



EMAIL:
education@heu.org



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)

- | | |
|---|---|
| <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"/> People with Disabilities | <input type="checkbox"/> Older Persons (55 years or older) |
| <input type="checkbox"/> 2-Spirit, Women, or Non-Binary | |

Emergency Contact Name: _____ Phone: _____

If yes, please provide only information necessary to arrange participation/accommodations. Do not include unrelated medical details. (In some cases, a Physician's note may be required).

Do you have an accessibility requirement? If so, please specify below. This information will be used only to coordinate accommodation for this event and will be limited to staff arranging logistics. _____

Signature of Applicant

Date

Disclaimer: Personal information collected on this form is used to process your application and administer the workshop. Equity, medical, and accessibility information is used only to support participation or arrange accommodation. Limited information may be shared with service providers (e.g., venues or hotels) where necessary for event delivery. Questions about this collection can be directed to education@heu.org.

SECTION C – ENDORSEMENT

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 with the subject line “Intro Shop Steward Level 1 ” 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 Signature
(please print)