

Application



Know and Enforce Your Rights Workshop

Date: Multiple Dates

Location: Multiple Locations

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.

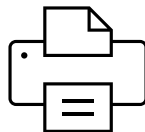
An endorsement from your local chairperson or secretary-treasurer is required. If they are not able to sign the application in person, they can email their endorsement to education@heu.org with the subject line "Know and Enforce your Rights" and include the following in the body of the email: member's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

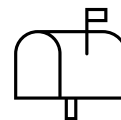
Submit your application form by email, fax, or mail.



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: _____

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 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. _____

Section B – Questionnaire

This workshop requires that members have previously attended three days of shop steward training and have at least 12 months active stewarding at the worksite.

1. Have you previously taken shop steward training? Choose all that apply.

- Yes – Intro Shop Steward Level one with HEU
- Yes – New Certifications Workshop or Local needs-based Workshop
- Yes – Intro Shop Steward Level 2 with HEU
- Yes – With another union or labour organization
- I have not taken any shop steward training

Comments:

2. How long have you been actively stewarding at your site?

- Yes – 12 months or more
- Yes – 12 months or less
- I have not been actively stewarding

Comments:

Workshop Choice

Please indicate which workshop you are applying for (Please select one only).
The option you choose, should be within the region where you live:

Workshop Date	Location	For	
October 14-15, 2026	HEU Provincial Office (Burnaby)	Coastal and Fraser Regions	<input type="checkbox"/>
November 12-13, 2026	Online	All regions	<input type="checkbox"/>

Section C – Local Endorsement

This section to be filled out by local chairperson or secretary-treasurer.

HEU Members Name: _____

HEU Local: _____

If they are not able to sign the application in person, they can email their endorsement to education@heu.org with the subject line “Know and Enforce Your Rights” 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.

Applicants cannot sign on their local’s behalf.

Local Chairperson/Secretary-Treasurer
(please print)

Signature

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.