EXPRESSION OF INTEREST

Enhanced Disability Management Program (EDMP)

Your name: _____

DEADLINE: Thursday, October 22, 2026, at 5:00 pm

Please complete the attached form and send with your **cover letter and resume**. Applications that do not contain all three documents will be considered incomplete. Incomplete applications will **not** be given further consideration.

To qualify you must be a regular employee covered by the FBA collective agreement, preferably with 3 years' experience as a shop steward and/or JOHS committee representative, or equivalent experience and/or training.

Send by fax, email, or mail to HEU Provincial Office:

FAX: **604-739-1510**

EMAIL: EDMPAdmin@heu.org

MAIL: **ATTENTION: EDMP EOI Fall 2026**
HEU Provincial Office
5000 North Fraser Way
Burnaby, BC V5J 5M3

Date sent: _____ Number of pages: _____

Application for Enhanced Disability Management Program (EDMP) Fall 2026

PLEASE REVIEW THE INFORMATION LETTER BEFORE COMPLETING THIS APPLICATION

(MUST BE TYPED)

PERSONAL INFORMATION

Last Name: _____**First Name:** _____

Address: _____

City: _____ **Postal Code**: _____

Preferred Contact Phone Number: _____

Home Phone: _____ **Cell:** _____

Personal Email: _____

Job Title: _____

Employer: _____ **Work Site Name:** _____

HEU Local (if known): _____

Current employment status covered by FBA collective agreements:

☐ Regular Full-time ☐ Regular Part-Time ☐ On leave

Affiliate or Health Authority:

Affiliate from ☐ Island ☐ Vancouver ☐ Fraser ☐ Interior

☐ Fraser Health ☐ Providence Health Care ☐ PHSA

☐ Interior Health ☐ Island Health ☐ Northern Health ☐ Vancouver Coastal

Number of years as:

Union shop steward: site: _____ **dates:** _____

JOHSC Member: site: _____ **dates:** _____

Equivalent Experience/Training:

Do you self-identify with any of the following equity groups? (check all that apply)

☐ Indigenous ☐ 2SLGBTQIA+ ☐ Worker with Disabilities ☐ Worker of Colour

☐ 2-spirit, Women & Non-Binary ☐ Young Worker (≤35 years) ☐ Older Person (≥55)

PLEASE REMEMBER TO SEND YOUR COVER LETTER AND RESUME WITH THE APPLICATION FORM. APPLICATIONS WITHOUT A COVER LETTER AND RESUME WILL NOT BE CONSIDERED.

_____ _____

Signature of Applicant **Date**
(please print)

<u>This form must be signed by your Local Chairperson or Secretary-Treasurer for endorsement.</u>

If they are not able to sign the application in person, they can email their endorsement to EDMPAdmin@heu.org with the subject line "EOI EDMP – for first name, last name" and include the following in the body of the email: your name, their name and position, as well as the name of the Local and their endorsement. Emailed endorsements must be received by the application deadline.

Applicant cannot sign their own form.

_____ _____

Local Chairperson/Secretary-Treasurer** **Signature**
(please print)

**Chairperson or Secretary-Treasurer, when you endorse your local member, you are verifying they met the minimum requirements, and that you support their application.

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.