



# OH&S Core Training

June 3, 4 & 5, 2008

**To:** Occupational Health and Safety Stewards  
**From:** Lara Acheson, OH&S Department Coordinator  
**Date:** March 17, 2008

## Course Content

The topics covered in this three-day workshop include:

- Enhancing your role as an OH&S Steward
- Exercising your rights and responsibilities under the WCB Regulations and Collective Agreement
- Organizing the membership to eliminate or reduce workplace hazards.

## Prerequisites

All applicants must have:

- completed the bus** (Building Union Solidarity) course in your region
- completed the basic steward** course
- been **elected** as a Steward
- been **registered** as an elected Steward with Leslie Rhodes in the BCNU Finance Department
- had their application **signed by their steward co-ordinator** at their worksite

**Applicants will not be accepted if they do not meet the pre-requisites.**

## How To Apply — All Stewards Please Note

If there are Stewards in your facility who have not received this training, please pass this memo and application on to them and have them mail OR fax their application immediately to the Education Department.

**The deadline for applications is April 4<sup>th</sup> 2008.** You will be notified of acceptance by **April 18<sup>th</sup>, 2008**, to allow sufficient time to make arrangements for attending. If you are not accepted for this workshop, please apply again when the next one is advertised.

### Return Application Form by April 4<sup>th</sup> 2008 to:

BCNU Education Department, **Attention Michelle Livaja**, 4060 Regent Street, Burnaby, BC V5C 6P5  
**Phone:** 604-433-2268 or Toll Free: 1-800-663-9991 **Fax:** 604-433-7945 or Toll Free Fax: 1-888-284-2222

## WCB Regulations

All OH&S Stewards are provided with a copy of the WCB Regulations. If you have just become a new OH&S Steward and have replaced someone else, please obtain the Regulations from the previous OH&S Steward. If you have not replaced someone, you will receive a copy at the course. Please bring your Collective Agreement (if you have a copy), and a carry bag (for all our new materials) to the workshop.

**Thank you for your interest. We look forward to working together to strengthen BCNU.**

Please see over  
for Application



**Personal**

|                                     |                                 |                               |
|-------------------------------------|---------------------------------|-------------------------------|
| Union ID                            | Female <input type="checkbox"/> | Male <input type="checkbox"/> |
| First Name & Init.                  | Address                         |                               |
| Last Name                           | City                            | Postal Code                   |
| Home Phone                          | Fax #                           |                               |
| Work Phone                          | Home Email                      |                               |
| I have the following Dietary Needs: |                                 |                               |

**Worksite**

|                      |  |                                       |                                       |                                     |                                     |  |   |                                   |
|----------------------|--|---------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|--|---|-----------------------------------|
| Place of Employment: | Type of Worksite: Acute <input type="checkbox"/> | LTC <input type="checkbox"/>          | Community <input type="checkbox"/>    | Other <input type="checkbox"/>      |                                     |  |   |                                   |
| Region:              | C. Mountain <input type="checkbox"/>             | C. Vancouver <input type="checkbox"/> | E. Kootenays <input type="checkbox"/> | F. Valley <input type="checkbox"/>  | N. East <input type="checkbox"/>    | N. West <input type="checkbox"/>       | O. Similkameen <input type="checkbox"/> | P.Rim <input type="checkbox"/>    |
|                      | RIVA <input type="checkbox"/>                    | S. Fraser <input type="checkbox"/>    | S.F. Valley <input type="checkbox"/>  | S. Heights <input type="checkbox"/> | S. Islands <input type="checkbox"/> | T.N. Okanagan <input type="checkbox"/> | W. Kootenays <input type="checkbox"/>   | V. Metro <input type="checkbox"/> |
| Collective Agreement | PCA <input type="checkbox"/>                     | PS <input type="checkbox"/>           | Independent <input type="checkbox"/>  |                                     |                                     |  |   |                                   |

**Accommodation**

(if you live at least 50 km from BCNU office)

|  |                                      |                                       |   |
|--|--------------------------------------|---------------------------------------|---|
| Night Before <input type="checkbox"/>  | First Night <input type="checkbox"/> | Second Night <input type="checkbox"/> | Final Night <input type="checkbox"/>          |
| If you need accommodation on the final night of the workshop, please explain why:  |                                      |                                       |   |
| Smoker <input type="checkbox"/>  | I would like to room with:           |                                       | I have no preference <input type="checkbox"/> |
| Non-Smoker <input type="checkbox"/>  |                                      |                                       |   |
| I prefer a room of my own and wish to pay the hotel for the difference of (approx) \$65 + tax per night <input type="checkbox"/> |                                      |                                       |   |

**Facility/Steward Status**

|   |                              |
|---|------------------------------|
| How many members (approx) are in your bargaining unit?                        | How many stewards?           |
| Is your bargaining unit a new certification? No <input type="checkbox"/>      | Yes <input type="checkbox"/> |
| Date?   |                              |
| Date you took Basic Steward training?<br>(prerequisite course)                |                              |
| Date you were elected as a Steward:   |                              |
| Are you a member of the Joint Occupational Health & Safety Committee (JOSH)?  | Since when?                  |
| If you are not a JOSH member, are you going to be appointed to the committee? |                              |
| I approve this application (Your <u>Steward Coordinator's</u> Signature):     | Date:                        |

**Application Deadline**  
**is April 4<sup>th</sup>!!**

Mail or Fax application to Michelle Livaja  
 British Columbia Nurses' Union  
 4060 Regent Street Burnaby, BC V5C 6P5  
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 Fax: 604-433-7945, 1-888-284-2222  
 Email: mlivaja@bcnu.org