

This application form should be used by members seeking support to:

- 1) Engage in political action activities;
- 2) Attend training to enable them to engage in political action activities; or
- 3) Attend election campaign training

HSA will advertise these opportunities as they become available. Members may also request support to participate in action or training they become aware of that has not been advertised by HSA. Please see the criteria for support listed below.

## 1. Political Action Activities

Members may apply to the Political Action Fund for support to engage in approved political action, which meets the following 4 criteria:

- 1) The issue and activity is non-partisan;
- 2) The issue and activity advance one or more of HSA's constitutional objects & purposes;
- 3) The issue is a priority for HSA; and
- 4) HSA considers the type of action involved to be appropriate.

In general, activities involved in educating the public or decision-makers, advocating, and organizing around an approved issue may be eligible for support.

Eligible issues include various labour or social justice issues, e.g., promoting public health care or community social services, anti-poverty initiatives, seniors' services etc.

Examples of actions which may be eligible for support include:

- 1) Working on non-partisan campaigns coordinated by:
  - a) affiliated labour organizations (e.g. NUPGE, the BC Federation of Labour, the CLC); or
  - b) progressive, non-partisan community organizations such as the BC Health Coalition.
- 2) Organizing or helping with events (meetings, workshops, rallies, info tables)
- 3) Writing or distributing materials (e.g., petitions, letters, information leaflets, educational materials)
- 4) Meeting with elected officials and other decision-makers.

## 2. Political Action Training

Members may apply for Political Action Fund support to attend training to enable them to engage in approved political action (as outlined above).

Members may apply for the type of support usually provided to attend education, including wage replacement/banked time, travel, accommodation, tuition and other expenses.

### 3. Election Campaign Training

Members may apply for Political Action Fund support to attend election campaign training which is:

- 1) Offered by a non-partisan, third-party organization (e.g., the Canadian Women Voters Congress Women's Campaign School);
- 2) Offered by labour organizations with which HSA is affiliated (e.g., the BC Federation of Labour, the Canadian Labour Congress, labour councils).
- 3) Offered by a political party that meet all 5 of HSA's criteria, by demonstrating support for the following:
  - a) a positive role for the public sector;
  - b) the principles of the *Canada Health Act*;
  - c) free collective bargaining for public sector employees;
  - d) progressive occupational health and safety legislation; and
  - e) progressive human rights.

## APPLICANT SECTION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Home e-mail: \_\_\_\_\_

### Involvement in HSA

List the positions you have held in HSA, and HSA events / activities in which you have participated within the last 3 years:

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### Experience

Please describe any experience or training you've had that relates to political action (e.g. involvement with a political campaign or organization, election campaign work or training, involvement with a political party, meeting with decision-makers etc.).

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### Type of application

- Application for support to engage in political action activity.
- Application to attend political action training.
- Application to attend election campaign training

**Event/activity information:**

Brief description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your role in the event/activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location: \_\_\_\_\_

Dates: \_\_\_\_\_

Name of coordinating organization: \_\_\_\_\_

Contact information for person coordinating event/activity:  
\_\_\_\_\_  
\_\_\_\_\_

**Amount and type of support requested**

**Estimated total amount requested for expenses:** \$ \_\_\_\_\_

Please provide a breakdown listing the estimated amount requested for each type of expense:

Travel: \_\_\_\_\_

Accommodation: \_\_\_\_\_

Tuition/course fee: \_\_\_\_\_

Meals: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

Note: Receipts may be required to claim some of these expenses.

**Total number of days of union paid leave requested:**

**Wage replacement** (for scheduled days of work): \_\_\_\_\_

**PLUS**

**Banked time** (for scheduled days off): \_\_\_\_\_

**Daily wage (gross):** \$ \_\_\_\_\_

Please provide any other information you would like us to consider concerning your application:

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**Return completed applications to the HSA office:**

**E-mail:** info@hsabc.org

**Mail:** Health Sciences Association  
180 East Columbia St.  
New Westminster, BC V3L 0G7

***Applications will be considered as they are received, until available funding has been allocated. Members are encouraged to apply as soon as possible, in order to provide sufficient notice to arrange time off work.***

For further information, please contact the HSA office: (604-517-0994 or 1-800-663-2017).

*HSA is committed to using the personal information we collect in accordance with applicable privacy legislation. By completing this form, you are consenting to have the HSA use the submitted information for the purposes of conducting our representational duties as a union, and in providing services to our members. For further information, please contact the HSA Privacy Officer. The full HSA privacy policy is available online at <http://www.hsabc.org>.*