



Political Action Fund Application 2017 PROVINCIAL ELECTION

Note: Members seeking support to engage in grassroots political action or training, or to attend election campaign training, should use the form entitled: “Political Action Fund Application: Grassroots political action or training, & election campaign training”.

Members should use this “2017 Provincial Election form” to apply for Political Action Fund support to run as a candidate or work on an election campaign in the provincial election scheduled for May 9, 2017. The application criteria and process are outlined below.

Members are encouraged to apply as soon as possible, as applications will be considered in the order in which they are received while funds remain available. Applying early will also improve members’ chances of being able to schedule this time off work.

Members should discuss booking time off with their supervisor, but **should not finalize this until their application to HSA has been approved.** Please contact Carol Riviere at the HSA office if you have questions about this.

HSA members throughout the province who are running for office or working on campaigns in the provincial election may apply to HSA for the following financial support from HSA’s Political Action Fund:

1. Members who are **candidates** may apply for up to 30 days of wage replacement, up to \$200 to cover approved personal expenses incurred to run for office, and/or up to \$200 worth of in-kind donations for their campaign.
2. Members who are **working on a provincial election campaign** may apply for up to 30 days of wage replacement, but must confirm that they are donating at least 20 hours of their own unpaid time to work on the campaign.

Members may apply to take the time approved for election work as a single block of time, or in several blocks of time that total a maximum of 30 days.

Important note: Elections BC treats the full amount paid by HSA for wage replacement and benefits for a member performing campaign work during the campaign period from the day the election is called until the end of Election Day (usually 29 days) as an election expense against the candidate’s/constituency’s campaign spending limit.

It is therefore essential that the election campaign you wish to work with, agrees to accept the entire value of your wage replacement during this time period. The campaign manager or financial agent **MUST sign your application to indicate acceptance of this amount, or your application will not be approved.** If the campaign you wish to work for does not yet have a campaign manager or financial agent, then please contact Carol Riviere at the HSA office.

Members may also apply for support to carry out campaign work before or after the campaign period.

Members interested in this should contact Carol Riviere at the HSA office. Spreading out your campaign work may make it easier to book the time off work, as well as enable a campaign to accept the value of your union-paid leave

APPLICANT'S INFORMATION

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:

Political experience

Please describe any experience or training you've had that relates to electoral politics (e.g., election campaign work, election campaign schools, involvement with a political party etc.).

TYPE OF APPLICATION:

- Application by HSA member running as a candidate
or
- Application by HSA member working on an election campaign

NAME OF CANDIDATE: _____

POLITICAL PARTY (if applicable): _____

CONSTITUENCY: _____

AMOUNT & TYPE OF SUPPORT REQUESTED:

Approved expenses (available only to HSA members running as candidates)

Maximum of \$200.00

Receipts required before payment

Amount requested for expenses: \$ _____

In-kind donation (available only to HSA members running as candidates)

Type of in-kind donation requested _____

Value of in-kind donation requested _____

Wage Replacement/Banked Time (union paid release time)

Up to 30 days of wage replacement is available to HSA members running for office or working in provincial election campaigns.

For members working on campaigns: *I hereby confirm that if I receive wage replacement from HSA, I will donate at least 20 hours of unpaid time to work on the campaign.*

Signature

Total number of days of wage replacement requested: _____

Daily wage (gross): \$ _____

Cost of benefits per day: \$ _____

(If your employer can't provide this information, then please contact Carol Riviere at the HSA office to obtain this information.)

Total value of financial support requested: \$ _____

Number of days of wage replacement you plan to take during each of the following time periods

(Fill this in for as many time periods as apply. Total should not exceed 30 days.)

- 1. Campaign period (writ drop to Election Day, approximately April 11 to May 9) _____ days
- 2. Prior to the writ drop (prior to April 11) _____ days
- 3. After Election Day (after May 9) _____ days
- 4. Time period to be determined in consultation with constituency/campaign _____ days

Type of work you expect to perform before the writ drop (e.g., volunteer recruitment, phoning for sign locations, voter contact, fundraising, organizing events, etc.) **or after Election Day** (e.g., storing campaign information & materials, clearing campaign office, financial reporting etc)

Type of work you expect to perform during the 29 day campaign period prior to Election Day, approximately April 11 to May 9 (e.g., campaign manager, voter contact/identification, communications, E- Day organizer, office manager, database, volunteer recruitment, campaign office set-up, phoning, foot canvass, signs, help on Election Day only, etc.)

CAMPAIGN AUTHORIZATION

The total value of the wage replacement and benefits for campaign work performed during the campaign period (from approximately **April 11, 2017 to May 9, 2017**) will count as an election expense against the candidate's/constituency's spending limit. **The campaign manager or financial agent MUST sign your application to indicate acceptance of this amount, or your application will not be approved.** If the campaign you wish to work for does not yet have a campaign manager or financial agent, then please contact Carol Riviere at the HSA office.

CAMPAIGN MANAGER:

Name: _____

Phone: _____ E-mail: _____

I hereby confirm that our campaign wishes to accept a political contribution from HSA in the form of financial support for (HSA member's name) _____, which will constitute an election expense in the amount of \$ _____. This paid release time will be used between the following dates: _____.

Signature of Campaign Manager

FINANCIAL AGENT:

Name: _____

Phone: _____ E-mail: _____

I hereby confirm that our campaign wishes to accept a political contribution from HSA in the form of financial support for (HSA member's name) _____, which will constitute an election expense in the amount of \$ _____. This paid release time will be used between the following dates: _____.

Signature of Financial Agent

CANDIDATE'S SECTION (HSA members: If the campaign you wish to work on does not yet have a

nominated candidate, then please contact Carol Riviere at the HSA office. Candidates: Please use a separate sheet of paper if you require additional space.)

1. Please list any elected positions you have previously held, and the years during which you held office:

Civic (community, position and dates): _____

MLA (Party, province & dates): _____

MP (Party, province & dates): _____

2. **Current or previous union or community involvement, including volunteer work with community organizations:**

3. **Please tell us why you are running for election:**

HSA is not affiliated with any political party. HSA provides financial support to members to run for office, or to work on election campaigns, only where **both the candidate and the political party** that the candidate is running with (if any) demonstrate support for all of 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.**

Party's Position

To determine your party's position on these issues, HSA will consider your party's published platform, other party publications and the record of your party's actions in these areas while in government or Opposition. Please attach any material you would like us to consider.

Please provide the name and contact information for a party official or staff member whom we can contact if we have questions about the party's position on any of these issues:

Name: _____

Contact info: _____

Candidate's Position

Please outline **the candidate's personal position** on the following issues, providing some details or examples to illustrate the candidate's position:

1. The role of the public sector

2. The principles of the *Canada Health Act*

3. Free collective bargaining for public sector employees

4. Occupational health and safety legislation

5. Human rights

I hereby confirm that the above represents my personal views on these issues.

Signature of Candidate

Note: In addition to the information provided in this application, HSA may also consider public sources of information demonstrating the candidate's position on HSA's 5 criteria.

Candidate or Applicant:

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

Return completed applications to the attention of Carol Riviere at the HSA office:

E-mail: criviere@hsabc.org
Fax: 604.515.8889
1.800.663.6119
Mail: Health Sciences Association

180 East Columbia Street
New Westminster, BC
V3L 0G7



For further information, please contact Carol Riviere, Communications Officer, at the HSA office (604-517-0994 or 1-800-663-2017).

The 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>.