



## Political Action Fund Application 2011 PROVINCIAL ELECTION

There is considerable speculation that a general provincial election may be called in British Columbia this fall. If an election is called, then HSA's Political Action Fund will be available, as outlined below, to members who are candidates or are working on election campaigns.

**Members should apply as soon as possible**, and will be notified whether applications are approved as HSA's Political Action Committee considers each application. Members should discuss booking time off with their supervisor, but **should not finalize this until their application to HSA has been approved and the election has been called**. 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 20 days of wage replacement and/or up to \$200 to cover approved personal expenses incurred to run for office.
2. Members who are **working on a provincial election campaign** may apply for up to 20 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.

### Important note:

If a member receives wage replacement for any time during the actual election campaign period (from the day the writ is issued until Election Day), then Elections BC treats the full amount paid by HSA for wages and benefits as an election expense against the candidate's/constituency's campaign spending limit.

**It is therefore essential, that the provincial election campaign you wish to work with agrees to accept the entire value of the wage replacement for which you are applying 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 considered.** 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.

Support **may** be available for members carrying out campaign work before the writ is issued or after Election Day. Members interested in this should contact Carol Riviere at the HSA office.

**APPLICANT'S SECTION**

**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

**Type of work you expect to perform in the campaign** (e.g., campaign manager, voter contact/identification, communications, E-Day organizer, office manager, phoning, foot canvass, signs, help on Election Day only, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**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: \$ \_\_\_\_\_

**Wage Replacement (paid release time)**

Up to 20 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*

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** (*Note: This amount will count as an election expense against the constituency's spending limit*): \$ \_\_\_\_\_

**NAME OF CANDIDATE:** \_\_\_\_\_

**POLITICAL PARTY** (if applicable): \_\_\_\_\_

**CONSTITUENCY:** \_\_\_\_\_

**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 \$ \_\_\_\_\_.*

\_\_\_\_\_  
*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 \$ \_\_\_\_\_.*

\_\_\_\_\_  
*Signature of Financial Agent*

**CANDIDATE'S SECTION**

*(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 involvement (if any):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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; and**
- d) **progressive occupational health and safety legislation.**

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. We would also appreciate the name and phone number of a Party official or staff member whom we can contact if we have any questions about the Party's position on any of these issues.

Please outline **the candidate's personal position** on the following issues:

**1. The role of the public sector**

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**2. The principles of the *Canada Health Act***

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**3. Free collective bargaining for public sector employees**

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**4. Occupational health and safety legislation**

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

\_\_\_\_\_  
*Signature of Candidate*

**Candidate or Applicant:**

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

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

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

**Fax:** 604.419.5195  
1.800.663.6119

**Mail:** Health Sciences Association  
#300 – 5118 Joyce Street  
Vancouver BC V5R 4H1

***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 Carol Riviere, Communications Officer, at the HSA office (604-439-0994 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>.*