



Health
Sciences
Association
www.hsabc.org

The union of caring professionals

Political Action Fund Application 2009 PROVINCIAL ELECTION

HSA members throughout the province who are running for office or working on campaigns in the provincial election scheduled for May 12, 2009, can apply to HSA for the following financial support from HSA's Political Action Fund:

1. Members who are **candidates** can 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** can apply for up to 20 days of wage replacement, but must demonstrate that they are donating at least 20 hours of their own unpaid time to work on the campaign.

Important note:

Elections BC treats such wage replacement as a political contribution by HSA. If a member receives wage replacement for any time during the period February 13, 2009 – May 12, 2009, inclusive, then the full amount paid by HSA for wages and benefits counts as an election expense against the constituency's campaign spending limit.

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

Wage replacement for work performed outside of this 88 day period is not subject to campaign spending limits, and **may** be available for members carrying out campaign work before February 13, 2009 and/or after Election Day. For more information on support available outside the 88 day period, 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, campaign schools, involvement with a political party etc.).

TYPE OF APPLICATION:

Application to support HSA member as a candidate

or

Application to support HSA member as a campaign worker

Type of work you expect to perform in the campaign (e.g., campaign manager, voter contact, 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 on 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 may 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:

- a) **a positive role for the public sector;**
- b) **the principles of the *Canada Health Act*;**
- c) **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 who 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

2. The principles of the *Canada Health Act*

3. Free collective bargaining for public sector employees

4. Occupational health and safety legislation

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:

Return completed applications to the attention of the Political Action Committee at:

Fax: 604.419.5197
1.800.663.6119

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

***The deadline by which applications must be received by the
HSA office is:***

4:00 pm on Friday, January 23, 2009

Applications received after this date **may** be considered, if funding is still available. 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>.