



Political Action Fund Application 2013 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 “2013 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 14, 2013. The application criteria and process are outlined below.

Members should apply as soon as possible, and will be notified 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**. 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 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 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 90 days prior to Election Day (from approximately February 14, 2013 to May 14, 2013), 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 are also encouraged to apply for support to carry out campaign work during fall 2012 and early in 2013 (before spending limits apply). Support may also be available for members carrying out campaign work after Election Day. Members interested in this should contact Carol Riviere at the HSA office. Spreading out your campaign work may also make it easier to book the time off work.

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: \$ _____

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 17 to May 14) _____ days
- 2. Pre-election period (60 days prior to writ drop, approximately February 14 to April 16) _____ days
- 3. Period outside campaign spending limits (before February 14 or after May 14) _____ days
- 4. Time period to be determined in consultation with constituency/campaign _____ days

Type of work you expect to perform before February 14 (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 90 days prior to Election Day, approximately February 14 to May 14 (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 90 days prior to Election Day (from approximately **February 14, 2013 to May 14, 2013**) 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

(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**

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

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 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: 604.419.5195
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>.