

**UNISON WELFARE
BRANCH WELFARE OFFICER TRAINING APPLICATION FORM**

<p>Please complete this form signed by your Branch Secretary and return to: UNISON Learning & Organising Services UNISON Centre 130 Euston Road London NW1 2AY Email: Learning&OrganisingEnquiries@unison.co.uk Fax: 0207 121 5101</p>	<p>Please ensure that the form is returned by the closing date.</p> <p>Places on courses can not be guaranteed and applicants should not make travel arrangements etc until their place has been confirmed by LAOS.</p> <p>We will only accept email applications when they are transmitted by your branch secretary and convey all the information we requested on our form.</p>
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Course Title:	Branch Welfare Officer Training		
	Parts one, two and three		
Date(s):			
Location:			
Surname	Forename	M/F	
MEMBERSHIP NO. <i>(NB We MUST have this)</i>			
Region			
Branch			
Address (for correspondence):	Employer's name:		
	Your job title/occupation:		
Postcode:	Workplace name and address:		
Phone: (Please provide the best number to contact you during office hours)			
email:			

Union Activist Positions
 If you hold any union activists positions, what are they and when from/to? Please include previously held positions.

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Entered on AMT	Course Info. sent
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Have you attended any other courses? Yes () No ()
If yes, please give details, including who organised it and when

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How long have you been a Welfare Officer:	Years ()	Months ()
On average how much time do you spend per week on Welfare related matters:	Hours ()	Minutes ()

Please provide some information on the welfare activities that you are involved with at your branch:

Can you provide some information of your levels of skills and experience in the following areas:			
1 = Very Experienced 2 = Some Experience 3 = No Experience			
		Please Tick	
	1	2	3
Benefit Advice	[]	[]	[]
Welfare Rights	[]	[]	[]
Advice/Information skills	[]	[]	[]
Interviewing skills	[]	[]	[]
Customer service	[]	[]	[]
Presentation skills	[]	[]	[]

<u>Accommodation</u>
Do you require accommodation for any night(s) during the course: () Yes () No
If yes please give date(s): _____
Please note that LAOS will only meet the costs of accommodation booked by ourselves.

<u>Additional Support Requirements</u>
You should not be put off from applying for a course because of child/dependent care commitments, disability or learning support requirements.
• Do you require assistance with childcare to attend courses (up to 17 years old)? Yes () No () If yes, please give details: _____
• Do you require assistance with adult dependant home care to attend courses? Yes () No ()

Have you completed UNISON's Authorisation for Adult Dependant Home Care Costs 20011/12?
Yes () No ()

- Do you have any access requirements? Yes() No ()
If yes, please give details:

Are there any learning support requirements we can provide to make sure that you get the most out of the course? (For example, do you require course materials in a different format, large print, coloured paper):

Food

Do you have any special dietary requirements? (please specify):

<u>Travel</u> – please note that travel should not be booked until your place on the course has been confirmed		Yes	No
A	Travel by rail using a ticket issued by Stewart Corporate Travel*, Rail Travel Order forms will be sent with the course information. (*a company used by UNISON for booking all travel)		
B	Make your own arrangement (e.g. travel by car) and claim the equivalent standard rail fare as expenses after the course		
C	You are entitled to air travel when justified by savings in time and cost to the organisation. These should be booked via Stewart Corporate Travel as above		

Please note that we use your name and branch on the course register provided to all participants in the course pack. If you do not wish your details to be shared with other course participants, please tick this box

Declaration and signature

The information supplied in this application form is accurate to the best of my knowledge.

Applicants signature: _____ Date: _____

Lay Tutors Courses only

Authorised signature
(Regional Education Officer)

Date

Section Two: to be completed by the Branch Secretary or Branch Education Officer

No application can be considered unless this section is completed. The member should arrange this.

Branch:

Branch Stamp

Address:

.....
.....
.....

..... Postcode:

This application is support by the branch:

Signature:

Date:

**ACTIVIST EDUCATION TRAINING
EQUALITY MONITORING FORM**

Your co-operation in completing this questionnaire would be appreciated.

This information is collected for internal use only. It is gathered so that UNISON can assess how well it is serving its members. Your answers will be treated in the strictest confidence and will only be used in the monitoring of equality, proportionality and fair representation on our courses. Such monitoring enables UNISON to tackle issues around inequality.

Course/Event applied for

1. Are you female () male ()
2. How would you describe your ethnic origin?

() Asian Other	() Asian UK	() Bangladeshi	() Chinese
() Black African	() Black Caribbean	() Black Other	() Black UK
() Indian	() Irish	() Pakistani	() White UK
() White Other	() Other (please describe)		
3. Would you describe yourself as a disabled person? () Yes () No
4. UNISON has self-organised groups for women, lesbian, gay, bisexual and transgender, black and disabled members. In which, if any, of the groups do you participate?

() Black members
() Disabled members
() Lesbian, Gay, Bisexual and Transgender members
() Women in UNISON
6. How long have you been a UNISON member?

() 0 – 2 years	() 3 – 5 years	() 6 – 10 years	() 11+ years
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7. Which of UNISON's service groups are you in?

() Community	() Energy	() Health Care	() Higher Education
() Local Government	() Police & Justice	() Water, Environment and Transport	
8. Which sector do you work in?

() Public sector	() Private sector	() Voluntary sector
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9. In which occupational group is your job?

() Managers	() Technical
() Professional	() Personal and caring services
() Administrators	() Clerical and secretarial
() Other non-manual	() Other manual
() Other occupation (please specify).....	

10. What is your age group?

- 16 – 26 27 - 39 40 – 49 50+

11. What subscription band are you in?

<u>Band</u>	<u>Yearly Income £</u>	<u>Band</u>	<u>Yearly Income £</u>
<input type="checkbox"/> A	Up to £2,000	<input type="checkbox"/> B	£2,001 - £5,000
<input type="checkbox"/> C	£5,001 - £8,000	<input type="checkbox"/> D	£8,001 - £11,000
<input type="checkbox"/> E	£11,001 - £14,000	<input type="checkbox"/> F	£14,001 - £17,000
<input type="checkbox"/> G	£17,001 - £20,000	<input type="checkbox"/> H	£20,001 - £25,000
<input type="checkbox"/> I	£25,001 - £30,000	<input type="checkbox"/> J	£30,001 - £35,000
<input type="checkbox"/> K	over £35,000		

12. How many hours per week do you work?

- 35 hours or more 30-34 hours 16-29 hours
 Less than 16 hours Jobshare

13. Are you a Retired Member? Yes No

14. Are you an Unemployed Member? yes No

14. Are you a member of any of the following national committees?

- National Executive Council
 National Service Group Executive
 National Self-organised Group Committee
 National Labour Link Committee
 National Young Members' Forum
 National Retired Members Committee
 Other National Committee (please specify)

15. Are you a member of any of the following regional committees?

- Regional Council
 Regional Committee
 Regional Service Group Executive
 Regional Self-organised Group Committee
 Regional Young Members Forum
 Regional Labour Link Committee
 Regional Retired Members Committee
 Other (please specify)

16. Do you hold any of the following positions in your branch?

- | | |
|---|--|
| <input type="checkbox"/> Chairperson | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> Treasurer | <input type="checkbox"/> Education Co-ordinator |
| <input type="checkbox"/> Equality Officer | <input type="checkbox"/> Health & Safety Officer |
| <input type="checkbox"/> Communications Officer | <input type="checkbox"/> International Officer |
| <input type="checkbox"/> Young Members Officer | <input type="checkbox"/> Steward |
| <input type="checkbox"/> Lifelong Learning Co-ordinator | <input type="checkbox"/> Welfare Officer |
| <input type="checkbox"/> Union Learning Rep | <input type="checkbox"/> Membership Officer |
| <input type="checkbox"/> Other (please specify) _____ | |

Thank you for your co-operation.