

Course Details

The closing date for the course is _____

Course Title _____

Course date (s) _____

Your Details

Surname _____

Preferred first name _____ m/f _____

Membership no. _____

Branch _____

Service (e.g. health) _____

Address for correspondence

Employer _____ Dept _____

Position _____

Telephone: Work _____

Home _____

e-mail: _____

Paid Release

Do you need paid release from work? Yes No

Is your branch seeking paid release for you Yes No

UNISON Activities

If you hold any positions, what are they and when from?

Have you attended any other courses? Yes No

If yes, give details

Why would you like to do this course?

Accommodation/Facilities

Do you require a accommodation? Yes No

Do you have special dietary needs? Yes No

Do you require disabled facilities/ Yes No

Do you need assistance with child/dependent care to attend courses? Yes No

If you have answered yes to any of the above questions please give details

Monitoring

To help us work towards fair representation, please answer the following questions:

Do you identify yourself as being (please specify)

Black White Other

Are you disabled? Yes No

Are you a part time worker? Yes No

All applicants must ask their Branch Secretary/Branch Education Secretary to complete this. Any problems should be referred to Activist Education on 0191 2450802

Important Note: Please ensure Membership number is shown on all application forms to assist with administration. The information you provide and the record of your attendance of UNISON education courses may be shared within UNISON to ensure that membership and branch records are accurate and up to date. Course information may also be used for statistical purposes

This application is supported by the Branch:

Signed _____ **Date** _____

Branch Position _____

All Branches will be invoiced as follows for this course:

Residential weekend £95 per person

Non residential Weekend £50 per person

Day School No charge

National Courses Special rates apply

If you cannot attend the course and need to cancel at short notice, please let the regional Education Officer know.

Your branch could be liable for a charge if you do not.

Applicant's Signature _____

Date _____

Please return this form to:

UNISON Regional Office, FREEPOST NT765, Newcastle upon Tyne, NE1 1BR