

Registration form



Healthcare Assistants Conference

21 September 2010

TUC Congress House
Great Russell Street, London WC1B 3LS

1 Your details

Please print information clearly, one delegate per form only

Name

Address

Postcode

E-mail

Contact phone number

Mobile

Employer's name and address

Job title

Branch name and number

Region

Please tick box if you wish your e-mail to be added to the UNISON HCA email network and receive all the latest UNISON news bulletins on the key issues facing health care assistants

2 Next of kin details

For health and safety reasons this information is needed

Name of next of kin

Contact number of next of kin

3 Special requirements

Please indicate if you require any of the following facilities, tick as appropriate

Access requirements

- Space for working dog
- Braille
- CD
- Speech to text
- Large print
- Audio tape
- Lip speaker
- Induction loop

- Wheelchair access/space
- Space for facilitator

If you require documents in a different font, print size or in electronic format please provide details below

Registration form

Healthcare Assistants Conference

Dietary requirements

Vegetarian

Vegan

Other (please specify)

4 Payment details

If you are a UNISON member, please indicate your membership number

If you are not a member of UNISON which organisation do you belong to?

RCN GMB Unite RCM Other None

Cheques should be made payable to UNISON and must accompany the registration form. One registration form should be submitted per person. You will receive confirmation from us if you have secured a place and only then would your payment be actioned. Please tick the appropriate box in the final column of the table below, which shows the fees payable for different types of delegates.

Delegate type	Cost	Cheque enclosed please tick appropriate box below
UNISON members	£40	<input type="checkbox"/>
Non-UNISON union member	£50	<input type="checkbox"/>
Health worker on professional register or manager	£80	<input type="checkbox"/>

Responsibility for the booking of any accommodation required lies with the delegate. The delegate fee does not include the cost of accommodation. Please refer to your branch secretary who will have a list of accommodation close to the venue. The HCA pages of the UNISON website also has a list of nearby hotels.

I understand that payments must be enclosed and that my place at this conference is subject to receipt of these monies. I also understand that my registration is subject to written confirmation.

Signature

Name

5 Return of forms

All registration forms must be returned no later than 1 September 2010 to:

Gail Adams, Head of Nursing, UNISON, 1 Mabledon Place, London, WC1H9AJ

Email gail.adams@unison.co.uk

Fax 0207 551 1354

