

Health Care Service Group Conference

Monday 8 April – Wednesday 10 April 2019 Bournemouth International Centre

EMERGENCY CHANGE OF DELEGATE FORM

CHANGE OF DELEGATES TO BE COMPLETED VIA OCS UP TO 5PM, WEDNESDAY 3 APRIL 2019. THIS FORM IS ONLY TO BE USED FROM THURSDAY 4 APRIL 2019.

Delegates may not be changed after the start of conference.

Branch Name & Number:			
Name of Delegate to be chang	ed:		
Membership No. & Name of N	ew Delegate:		
Is this Member currently attend	ling in a different capacity?	Yes	No
If yes, current capacity of New	Delegate:		
New Delegate Details:	Young Member Age 26 or under at end of conference	Yes	No
	First Time Delegate	Yes	No
	Low Paid Female Member Basic hourly rate of £9.94 or less	Yes	No
Signature of Branch Secretary/Chairperson: (if available)			
	ABOVE DETAILS MUST BE COMPLETED BEFORESENTATION SHOULD BE MAINTAINED AT		
	Head of Health will be required below as ed in at the conference desk at the Bourntre.		
I agree that the above change delegation.	of delegate maintains the proportionality	and fair	representation of the
SignedRegional Head of Health (or t	Datedheir representative at conference)		
	 ERENCE STAFF SIGNATURE/ACTION/DATE		



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REGIONAL HEADS OF HEALTH DETAILS

Region	Name	Mobile Number
Eastern	Tim Roberts	07432 150 523
East Midlands	Ann Eastham	07985 120 715
Greater London	Jamie Brown	07950 889 013
Northern	Sheila Wilson	07776 185 978
Northern Ireland	Anne Speed	07904 427 133
North West	Amy Barringer	07957 504 912
Scotland	Matt McLaughlin	07904 341 979
South East	Simon Bolton	07939 143 440
South West	Helen Eccles	07903 846 297
Cymru/Wales	Paul Summers	07908 675 422
West Midlands	Franco Buonaguro	07939 143 286
Yorkshire & Humberside	Tony Pearson	07944 191 692

FOR OFFICE USE ONLY: CONFERENCE STAFF SIGNATURE/ACTION/DATE: