# BRANCH REGISTRATION FORM

**CARE WORKER SEMINAR**

##### Monday 9 December 2019 – UNISON Centre, London

Please fill in the registration form as fully as possible and **return it by Friday 1st November 2019** to Keely Nash/Nicola Broomfield, Local Government Service Group, UNISON Centre, 130 Euston Road, London NW1 2AY or email to [k.nash@unison.co.uk](mailto:k.nash@unison.co.uk) **and**  [n.broomfield@unison.co.uk](mailto:n.broomfield@unison.co.uk).. Please remember to pay your registration fee of £30 per delegate by either enclosing a cheque made payable to UNISON General Fund to the recipients above, (please write the reference 0 33 00 01/900-61 on the back of the cheque) or by sending an electronic BACS transfer to Sort code: 60-83-01 A/c No. 33015774 **quoting the reference CWS19**. The fee will be processed once we have confirmed the attendance of all delegates. **Do not send any other money. NO bookings can be accepted on the day. The fee will only be processed once we have confirmed the attendance of the delegate(s).**

**[This form should be completed by the Branch Secretary or Branch Treasurer]**

**[Please PRINT details clearly]**

NAME of BRANCH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch Secretary's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch Telephone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate method of payment: BACS payment 🞏 Cheque 🞏

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| --- | --- |
| **Delegate 1** |  |
| **Name: ..................................................................**  (**Membership No**) **...............................................**  **E-mail : ..............................................................** | Will the delegate be bringing children? **Yes/No**  If so, will crèche facilities be required? **Yes/No**  **Job role : ..............................................................**  E.g homecare worker, support living worker |
| **Branch role e.g steward................................**  **Address:** **.........................................................**.  **...........................................................................**  **...........................................................................**  **Daytime tel. no: ...............................................** | **If yes - Name(s) and age(s) of children**  **..................................................................**  **..................................................................**  Do you have any access requirements or dietary needs?  **…………………………………………………** |

**To be completed by UNISON Finance Department (Please do not detach).**

Total received from Branch £**........................**

**To be detached and retained by UNISON Finance Department**

Branch Name: **.............................................** Tel No.: **...........................................………..**

No of Delegates: **.........................................** Total of monies enclosed £ **................……...**

**National Residential Care Seminar Code: 0-33-01-01/900-61 GREEN**

|  |  |
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| **Delegate 2** |  |
| **Name: ..................................................................**  (**Membership No**) **...............................................**  **E-mail : ..............................................................** | Will the delegate be bringing children? **Yes/No**  If so, will crèche facilities be required? **Yes/No**  **Job role : ..............................................................**  e.g. homecare worker, residential care worker |
| **Branch role e.g steward................................**  **Address:** **.........................................................**.  **...........................................................................**  **...........................................................................**  **Daytime tel. no: ...............................................** | **If yes - Name(s) and age(s) of children**  **..................................................................**  **..................................................................**  Do you have any access requirements or dietary needs?  **…………………………………………………..** |