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| **UNISON EASTERN REGION**  **RESIDENTIAL COURSE APPLICATION FORM** |  |

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| **Please complete this form to:**  Kerri Fuller  UNISON Eastern Region  Church Lane House  Church Lane  Chelmsford  CM1 1NH  Email: [k.fuller@unison.co.uk](file:///C:\Users\nepeank\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\92O30SJT\k.fuller@unison.co.uk)  Fax: 01245 492863 | **IMPORTANT**  **Please ensure that the form is signed by the branch and is returned by 11th APRIL 2016.**  **Places on courses cannot be guaranteed and applicants should not make travel arrangements etc until their place has been confirmed.**  **\* Please note that branches will pay the course fee plus all travel and childcare costs.** |

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| **Course Title**: (Sec, Chair etc) |  |
| **Date(s):** | **20, 21, 22 May 2016** |
| **Location:** | **Crowne Plaza Resort Five Lakes, CM9 8HX** |

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| **Last Name** | **First Name** | | | **Age**  16-26 / 27-39  40-49 / 50+ | **Gender**  M / F |
| MEMBERSHIP NO.  ***(NB We MUST have this)*** | |  | | | |
| Branch | |  | | | |
| Address (for correspondence):  Postcode: | | | Day Time Phone Number: | | |
| Employment Status: FULL TIME / PART TIME | | |
| Email Address: | | |
| **Union Activist Position** | | | | | |

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| **CONTACT NAME & TELEPHONE NUMBER IN CASE OF EMERGENCY**  (Should you be taken ill whilst on the course we need to know who to contact.  Name :- ………………………………………............................................………………..…………………….  Contact telephone number :- …………………………........................................…………………………… |

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| **ETHNICITY (Circle or delete as appropriate)**  Black African / Black Caribbean / Black UK / Black Other / Chinese / Bangladeshi / Indian / Asian UK / Pakistani / Other Asian / Irish / White UK / White Other / Other |

**Accommodation**

Do you require accommodation for any night(s) during the course: ( ) Yes ( ) No

**Please note that UNISON will only pay the cost of accommodation booked by us.**

**Food**

Do you have any special dietary requirements? (...) Yes (...) No

(if yes please give details):

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**Additional Support Requirements**

You should not be put off from applying for a course because of child/dependent care commitments, disability or learning support requirements

**Childcare**

Do you require crèche facilities to attend this course (up to 16 years old)? Yes ( ) No ( )

If yes, please give details:

Child’s Name: .............................................................................. Age: .....................................

If you require the crèche you will be asked to complete a separate information/consent form for our childcare providers at this event

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| **Access / Support**  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):  ............................................................................................................................................................ |

**Declaration and signature**

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

**Applicants signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Section Two: to be completed by the Branch Secretary, Education Officer, Treasurer or Chair**  No application can be considered unless this section is completed. The member should arrange this. |
| **THIS APPLICATION IS SUPPORTED BY THE BRANCH:** I agree that the branch will be invoiced for the course fee of £295 (plus £50 per child for a crèche place if applicable) and the members’ travel expenses.  Branch Position : ……………………………………………..................................  Signature: ...........................................................................................................  Please Print Name: …………………………….......…………....... Date: …………………………….. |