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

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| **Please complete this form to:**Kerri FullerUNISON Eastern RegionChurch Lane House Church LaneChelmsfordCM1 1NHEmail: [k.fuller@unison.co.uk](file:///C%3A%5CUsers%5Cnepeank%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5C92O30SJT%5Ck.fuller%40unison.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: …………………………….. |