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| 1. **Complete this form** 2. **Get it signed by your Branch Secretary or Branch Education Co-Ordinator** 3. **Return it, by the closing date, to: UNISON Learning & Organising Services UNISON Centre, 130 Euston Road London NW1 2AY**   **Email**[**LearningAndOrganising@unison.co.uk**](mailto:LearningAndOrganising@unison.co.uk)  **Fax: 020 7121 5101** | **Course places are not allocated until the closing date and applicants should not make travel arrangements etc. until they receive confirmation of their place from LAOS.**  **Closing Date 1st June 2017 There is a cost of £325 per ULR payable by the branch**  **We can only accept email applications when they are sent by your branch secretary and convey all the information requested on the form.** |

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| **Course Title: Union Learning Representatives** | | | | | |
| **Date(s): 11th-13th July 2017** | | | | | |
| **Location: UNISON Centre 130 Euston Rd London NW1 2AY** | | | | | |
| **Surname:****Firstname:**  **Female** **Male Other** | | | | | |
| **Membership No.** **N.B. We MUST have this!** | | | | | |
| **Region:** **Branch:** | | | | | |
| **Your address** (for correspondence)**:**          **Postcode**  **Phone** (best number to contact you during office hours):  **Email** | **Employer’s name:**    **Your job title/occupation:**    **Workplace name and address**          **Postcode** | | | | |
| **Union Activist Positions**  Tell us of any union activist positions you hold or previously held: | | | | |
| **Position** | | | **Dates: From/ To** | |
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| **Have you attended other courses:** **Yes** **No**  If yes, give details, including dates and locations: | | | | |
| Course name | | Date | | **L**ocation |
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| **Why would you like to do this course?** Give any information to be considerd in support of your application (e.g. your experience or branch needs**)** | | | | |
| **Accommodation Required? Yes / No \***  \*If you have a long way to travel you will be booked accommodation for the night(s) of the course (i.e. for a 3 day course that starts at 11am on day 1 you will be booked in for 2 nights). Please contact LAOS on 0207 121 5116 / [learningandorganisingservices@unison.co.uk](mailto:learningandorganising@unison.co.uk) if you feel you need to stay longer.  **N.B. LAOS will only meet the cost of accommodation booked by ourselves. For accommodation request changes or late bookings, 7 days notice minimum is required.** | | | | |
| **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 | | | | |
| If you need assistance with childcare to attend this course (up to age 17) give details here: | | | | |
| Tick here if you need assistance with adult dependent care home care to attend this course.  Tick here if you have already completed UNISON’s Authorisation for Adult Dependant Home Care Costs 2009-11? | | | | |
| If you have access requirements, tell us here: | | | | |
| Tell us here of there any learning support requirements we can provide to make sure you get the most out of the course. For example do you require course materials in a different format, in large print, or on coloured paper? | | | | |
| **Food**  Give details here if you have any special dietary requirements: | | | | |
| **Travel**  How do you wish to travel to the course?  By rail using a ticket issued by Steward Corporate Travel\*. A Rail Travel Order Form will be sent to you with your course information.  Make your own arrangement (e.g. travel by car) and claim the equivalent standard rail fare as expenses after the course.  By air (when this is justified by savings in time and cost to the organisation). An Air Travel Order Form will be sent to you with your course information.  *\*a company used by UNISON for booking travel* | | | | |
| Please note that we use your name and branch on the course register provided to all participants in the course pack. If you do not wish your details to be shared with other course participants, please tick this box | | | | |

**Declaration and signature**

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

Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

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| **This section must be completed by the Branch Secretary or Education Co-Ordinator:**  The course applicant should arrange this. | |
| Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  This application is supported by the branch  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Branch Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Branch Stamp |

**ACTIVIST EDUCATION TRAINING - EQUALITY MONITORING FORM**

Your co-operation in completing this questionnaire would be appreciated.

It is gathered so that UNISON can monitor and evaluate participation. We appreciate the categories below are limited, but within these constraints, please answer the questions that apply to you All questions are optional. Some may have multiple answers.

All information will be treated in absolute confidence.

**Course/Event applied for:**

1. **Is your gender**:  Female  Male  Identify in another way
2. **How would you describe your ethnic origin?**

Asian UK  Asian Other  Bangladeshi  Indian

Pakistani  Black African  Black Caribbean  Black UK

Black Other  Black mixed heritage  Chinese  Irish

White UK  White Other  Other mixed heritage

1. **Would you describe yourself as:** A disabled person

**4. Would you describe yourself as:**  Lesbian  Gay  Bisexual

**5. Would you describe yourself as:** Transgender

**6. UNISON has self-organised groups for women, lesbian, gay, bisexual and transgender, Black and disabled members. In which, if any, of the groups do you participate?**

Women members  Lesbian, gay, bisexual & transgender members

Black members  Disabled members

**7. How long have you been a UNISON member?**

0 - 2 years  3 - 5 years  6 - 10 years  11+ years

**8. Which of UNISON's service groups are you in?**

Community  Energy  Health Care  Higher Education

Local Government  Police and Justice  Water, Environment and Transport

**9. Which sector do you work in?**

Public sector  Private sector  Voluntary sector

**10. In which occupational group is your job?**

Managers  Professional  Administrators

Other non-manual  Technical  Personal & caring services

Clerical & secretarial  Other manual

Other occupation – please specify :

**11. What is your age group?**

16 – 26  27 – 39  40 – 49  50+

**12. What subscription band (based on yearly income) are you in?**

A. Up to £2,000  B. £2,001 - £5,000  C. £5,001 - £8,000

D. £8,001 - £11,000  E. £11,001 - £14,000  F. £14,001 - £17,000

G. £17,001 - £20,000  H. £20,001 - £25,000  I. £25,001 - £30,000

J. £30,001 - £35,000  K. Over £35,000 Apprentice/ Member in education

**13. On average, how many hours per week do you work?**

35 hours +  30 - 34 hours  16 - 29 hours  Less than 16 hours

**14. Are you a retired member?** Yes  No

**15. Are you a member of any of the following national committees?**

National Executive Council

National Service Group Executive

National Self-organised Group Committee

National Labour Link Committee

National Young Members' Forum

National Retired Members' Committee

Other National Committee (Please specify below)

**16. Are you a member of any of the following regional committees?**

Regional Council  Regional Committee

Regional Service Group Executive  Regional Self-organised Group Committee

Regional Young Members' Forum  Regional Labour Link Committee

Regional Retired Members' Committee

Other Regional Committee - please specify

**17. Do you hold any of the following positions in your branch?**

Chairperson  Secretary

Treasurer  Education Co-ordinator

Lifelong Learning Co-ordinator  Equality Co-ordinator

Health & Safety Officer  Communications Officer

International Officer  Membership Officer

Young Members' Officer  Welfare Officer

Steward  Other - please specify:

**18. What Region are you a member of?**

Eastern  Northern  Scotland

Cymru/Wales  East Midlands  North West

South East  West Midlands  Greater London

Northern Ireland  South West  Yorkshire & Humberside

**Thank you for your cooperation**