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| **UNISON EASTERN REGION**  **RESIDENTIAL COURSE APPLICATION FORM**  **‘ONE UNISON’ WEEKEND–**  **19 & 20 MAY 2018, Crowne Plaza Resort** |  |

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| **Last Name** | **First Name** | | | **Age**  16-26 / 27-39  40-49 / 50+ | **Gender**  M / F / Other |
| 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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| **EITHER - Which Branch Officer Course are you applying for? (advise in the shaded box)** | **Delegate option FULL / DAY (please indicate)** |
| **OR - I am applying to do the Workshop Sessions (advise in the shaded box)** | **Delegate option FULL / DAY (please indicate)** |
| **Date(s):** | **19 and 20 May 2018 (inclusive)** |
| **Location:** | **Crowne Plaza Resort Five Lakes, CM9 8HX** |

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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 Saturday 19 May? : ( ) 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’ then 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. **However, this must be authorised by your Branch before you apply.**

**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: .....................................

**THIS MUST BE AUTHORISED BY YOUR BRANCH** - 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/activist MUST discuss their attendance at this event, travel and any childcare requirements with the Branch **before** completing this form | |
| **THIS APPLICATION IS SUPPORTED BY THE BRANCH:** I agree that the Branch will be charged the event fee of **£195:00 full delegate/£90:00 day delegate** (plus Crèche costs, if applicable, which will be **£75 per child** **each day plus £50:00 per day for any additional children** belonging to the same course participant) and the members’ travel expenses.  Branch Position : ……………………………………………..................................  Signature: ...........................................................................................................  Please Print Name: …………………………….......…………....... Date: …………………………….. | |
| **Please send the fully completed form to:**  Andrea Shute, Education Administrator  UNISON Eastern Region  Church Lane House  Church Lane, Chelmsford  CM1 1NH  Email: easterneducation@unison.co.uk  Fax: 01245 492863 | **IMPORTANT – PLEASE READ CAREFULLY**  **Please ensure that the form is signed by the Branch otherwise it will not be processed**  **Places on courses cannot be guaranteed and applicants should not make travel arrangements etc until their place has been confirmed.**  **\*\*Please note that Branches, by signing this have thereby agreed to pay the event fee plus all travel and any applicable childcare costs\*\*** |