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| **HOW TO APPLY**   1. Complete this form 2. Get the form signed by your Branch Secretary or Branch Education Co-ordinator   Return no later than 15 April 2019 by:  **e-mail**: [easterneducation@unison.co.uk](mailto:easterneducation@unison.co.uk)  **post :** UNISON Eastern, Church Lane House,  Church Lane, Chelmsford, Essex, CM1 1NH  **fax**: 01245 492863  **For enquiries please call**: 01245 608905 | **cid:image001.png@01CF8B0A.7D3B0EF0**  Please note that course/workshop places are not normally finalised until the closing date and applicants should not make any travel/other arrangements until they have received confirmation of a place |

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| **We use this information to add your name to the training database**  **for this event and**  **to update your membership details** | **UNISON Membership Number:**  **Last Name**:      **First Name**: |
| **Your home address:**        **Postcode**  **Phone number** (day time): |
| **Details of the course will be sent by email so please give the one most likely to get through** | **Email:**  Note – some employers have firewalls that block our emails so a personal email address would be preferable if you have one. |

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| **We use this information to ensure equal access to all branches** | **Your Branch:** | |
| **UNISON Activist Positions:**  Tell us of any UNISON activist positions that you hold: | |
| **Position** | **Dates: From/ To** |
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| **I am applying to do a Course:** | | | |
| |  |  | | --- | --- | | **Please advise which Course you are applying for?** |  | | **Course Delegate Option FULL DELEGATE / DAY DELGATE (please indicate which one)** | |   **I am applying to do the Workshop Sessions: [Please select below which 3 workshops you wish to attend over the weekend which we will endeavour to accommodate. NB when your workshops are confirmed, it is unlikely that you will be able to change these on the day as places will already be reserved]**   |  |  | | --- | --- | | **Saturday 18 May 2019 – 10:00-13:00 – Choose only one from this session** | | | **Tackling Racism & Fascism – a fight never won 🞎** | **Capitalism, Socialism & Democracy 🞎** | | **Saturday 18 May 2019 – 13:45-17:00 – Choose only one from this section** | | | **A race to the bottom? 🞎** | **Developing YOUR confidence in a creative way 🞎** | | **Sunday 19 May 2019 – 09:30-12:30 – Choose only one from this section** | | | **Same, same....but different 🞎** | **Engagement & Organising 🞎** | | **Workshops Delegate Option FULL DELEGATE / DAY DELEGATE (please indicate which one)** | |   **Please note that you can only apply for either a Course OR the Workshop sessions NOT both** | | | |

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| **Additional Support Requirements**  You should not be put off from applying for a course/workshops because of child/dependent care commitments, disability or learning support requirements | |
| **This information**  **tells us if you have any specific requirements that**  **will help you to**  **fully participate**  **in the course/workshops** | **If you have access requirements, tell us here**: |
| **Tell us here of the need for any learning support requirements. For example do you require course materials in a different format, in large print, or on coloured paper**? |
| **Food:**  **Please give details here if you have any special dietary requirements**: |

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| **This information**  **tells us if you need any help with dependant care**  **so that you can attend this event** | **Childcare:**  Do you require crèche facilities to attend this course (up to 16 years old)? Yes ( ) NO ( )  **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. |

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| **We use this information to help ensure we are delivering training equally across all groups to meet UNISON’s policy regarding Proportionality and Fair Representation**  **(NB you do not have to complete this section if you feel uncomfortable doing so)** | **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  **What is your age group?**  16 – 26  27 – 39  40 – 49  50+  **Would you describe yourself as a** disabled person  **Would you describe yourself as:** Lesbian  Gay Bisexual  **Would you describe yourself as** Transgender |

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| Please note that we use your name and branch on the course register which is provided to all participants and the tutor/facilitator in the course/workshops pack |

**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. (Applications **cannot** be accepted unless the branch has approved and signed this form) |
| Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Event Fee: Full Delegate £195/Day Delegate £90.00. Additional guests (sharing delegate’s room) £35. If applicable Crèche costs will be £75 per child each day plus £50 per day for any additional children per delegate**  This application is supported by the branch (including support for crèche provision where applicable, which will be charged to the branch)  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Branch Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Any information given will be treated in the strictest confidence and will only be used for the purposes stated on the form. This form will be securely stored and destroyed after one year.**

For more information on how UNISON uses your personal data, please go to: [www.unison.org.uk/privacy-policy](http://www.unison.org.uk/privacy-policy)