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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 3. Return it, by the closing date, to:   Email [easterneducation@unison.co.uk](mailto:easterneducation@unison.co.uk)  UNISON Eastern, Church Lane House,  Church Lane, Chelmsford, Essex, CM1 1NH  Fax: 01245 492863  Tel No for enquiries: 01245 608905 | **cid:image001.png@01CF8B0A.7D3B0EF0**  Course places are not allocated until the closing date and applicants should not make travel arrangements etc. |

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| **Course Title:** |
| **Date(s):** |
| **Location:** |

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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** | **Membership No**.  **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:** | |
| **Union Activist Positions**  Tell us of any union activist positions you hold: | |
| **Position** | **Dates: From/ To** |
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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 |

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| **This information**  **tells us if you have any specific requirements that**  **will help you to**  **fully participate**  **in the course.** | **If you have access requirements, tell us here**: |
| **Tell us here of there any learning support requirements. 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**: |

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| **This information**  **tells us if you need any help with dependent care**  **so that you can attend this course.** | Please contact your Branch if you need assistance with childcare or with adult dependent care home care. |
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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 in the course 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) |
| Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  This application is supported by 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)