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| **HOW TO APPLY**   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: Andrew Adolphus   UNISON Office  179 Preston Road  Brighton  East Sussex  BN1 6AG  Email a.adolphus@unison.co.uk | Places for the AGM are not allocated until the closing date and applicants should not make travel arrangements etc. until they receive confirmation of their place  We can only accept email applications when they are sent by your branch and convey all the information requested on the form.  **If you have not received a reply by 7 days before the AGM please contact us.** |

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| **Course Title:** UNISON South East Retired Members AGM 2019 |
| **Date(s): 11.30am - 1.00pm,** Friday 6th December, 2019 |
| **Location:** UNISON Centre, London |

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| **We use this information to add your name to the database**  **for this event and**  **to update your membership details**  **Gender is used to ensure equal access to all gender groups** | **Membership No**.  **Last Name**:      **First Name**: |
| **Your home address:**      **Postcode**  **Phone number** (day time): |
| **Female**  **Male  Other** |
| **Details of the AGM will be sent by email so please give the one most likely to get through** | **Email**  **Mobile number:** |

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| **This information**  **tells us if you have any specific requirements that**  **will help you to**  **fully participate**  **at the AGM.** | If you have access requirements, tell us here:    **NB If you need assistance in the event of an emergency evacuation, please state here.** |
| Tell us here of there any learning support requirements. For example do you require AGM papers in a different format, in large print, or on coloured paper? |
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| **Additional Support Requirements**  You should not be put off from applying to attend because of child/dependent care commitments, disability or learning support requirements | |
| **This information**  **tells us if you need any help with dependent care**  **so that you can attend.** | If you need assistance with childcare to attend (up to age 17) give details here: | |
| Tick here if you need assistance with adult dependent care home  care to attend.  Tick here if you have already completed UNISON’s Authorisation  for Adult Dependant Home Care Costs? | |

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| **In case of emergency please let us know who we should contact** | **Name**       **Relationship to you**  **Telephone Number** |

**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:**  (Applications cannot be accepted unless approved by the branch) |
| Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The branch supports this application and agrees to pay any travel expenses due  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 and any attachments 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)