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| **HOW TO APPLY** Complete this form, have it signed by your Branch Secretary or Branch Education Co-ordinator and returned by **2 June 2023** to: educationse@unison.co.ukOR: Regional Education Team UNISON179 Preston RoadBrightonBN1 6AG | Event places are not allocated until the closing date and applicants should not make travel arrangements etc. until they receive confirmation of their place.Branches are responsible for the stated registration cost per delegate, and any associated travel and subsistence costs.**If it is not possible for you/your branch to sign and scan the form, an email from a named account can be accepted as confirmation.**  |
| **Please indicate whether you will be attending Regional Council on Friday 30 June:** |
|  | **[ ]**  | Yes I will be at Regional Council | **[ ]**  | No I will not be at Regional Council |
| **Now please select ONE part of the event to attend and complete section (A) or (B)***NB: It is not possible to attend a branch officer training as well as the strategy workshops.* |
| **Section (A) BRANCH OFFICERS TRAINING | 2 nights | registration cost to branch £385\***Please select ONE of the following courses: |
|  | **[ ]**  | Branch Secretary | **[ ]**  | Communications Officer |
|  | **[ ]**  | Branch Chair | **[ ]**  | Education Co-Ordinator |
|  | **[ ]**  | Health and Safety Officer | **[ ]**  | Women’s Officer |
|  | **[ ]**  | Equality Officer |  |  |
|  |  |  |  |  |
| **OR: Section (B) STRATEGY WORKSHOPS | 1 night | registration cost to branch £210\*** |
|  | **[ ]**  | I will attend the Strategy Workshops |  |  |
|  |  |  |  |  |
| We use this information to add your name to the training databasefor this event andto update your membership detailsGender is used to ensure equal access to all gender groups | **Membership No.** **Surname:       Forename:****Home address:****Phone number:****[ ]  Female [ ]  Male [ ]  Identify in another way** |
| Note – some employers have firewalls that block our emails so a personal email address can be preferable. | Event details will be sent to the preferred email address on your membership record. **If you need to update this, please do so here:** |
| This information tells us if you have any specific requirements that will help you to fully participatein the event. | If you have any access requirements, tell us here: ­Tell us here of 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:  |
| Accommodation details. Additional charge for bringing a partner will be £35 Friday-Saturday or £45 Friday-Sunday. These must be covered by the delegate not the branch.  | **[ ]** I would like to bring a partner or spouse with me (to attend the gala dinner, stay in the hotel and receive breakfast) and I agree to pay the associated costs. [ ]  I live local to the venue and do not require accommodation. |
| This informationtells us if you need any help with dependent careso that you can attend this event. | **Additional Support Requirements**You should not be put off from applying because of child/dependent care commitments, disability or learning support requirements. If you need assistance with childcare to attend this event (up to age 17) give details here: **[ ]** I require assistance with adult dependent care home care to attend this event. [ ]  I have already completed UNISON’s Authorisation for Adult Dependant Home Care Costs. |
| 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:  |
| **This section must be completed by the Branch Secretary or Education Co-ordinator.** Delegates must request branch approval before sending to the Regional Education Team.Branch:The branch supports this application and agrees to pay any fee due Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name:Date:Branch Position:  |
| **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)\*New residential rate pending approval.  |