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| **HOW TO APPLY**1. Complete this form
2. Get it signed by your Branch Secretary or Branch Education Co-Ordinator (if it isn’t possible for you/your branch to sign and scan the form, an email from a named account can be accepted as confirmation.)
3. Return it by **29 September 2023** to:­­­South East Equality TeamUNISON Centre 7th Floor

130 Euston RoadLondonNW1 2AYOr by Email: EqualitySE@unison.co.uk | 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, along with any associated travel and subsistence costs. **Registration cost to branches: £35** |
| **Event Title:** South EastEquality Conference |
| **Date(s):** Friday 13th October 2023 |
| **Location:** UNISON Centre, 130 Euston Road, London, NW1 2AY |
| **We use this information to add your name to the training 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 [ ]  Identify in another way [ ]**  |
| **Details of the event will be sent by email so please give the one most likely to get through** | **Email** **Mobile number:**Note – some employers have firewalls that block our emails so a personal email address can be preferable.  |
| **This information****tells us if you have any specific requirements that****will help you to****fully participate****in the event.** | If you have disability access requirements, tell us here:  |
| Tell us here if there are any learning support requirements. For example do you require 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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| **Additional Support Requirements**You should not be put off from applying for an event 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 this event.** | If you need assistance with childcare to attend this event (up to age 17) give details here:  |
| [ ]  Tick here if you need assistance with adult dependent care home care to attend this event. [ ]  Tick here if you have already completed UNISON’s Authorisation for Adult Dependant Home Care Costs? |

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| Please note that we use your name and branch on the event register which is provided to all participants and the event organisers. |
| **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 Name: The branch supports this application and agrees to pay any event fee dueSignature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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)