

Come along and network with

UNISON Black members

in the South East Region

Guest Speakers

Workshops

(Buffet Lunch included)

**South East Region Black Members AGM and Network Day 2023**

**Saturday, 2nd December 2023**

**UNISON Centre, Euston London**

**Book your place now!!!**

**Branch expenses : £35 day delegate rate plus travel expenses**

**Talk to your Branch about attending and complete the attached application form**

**Deadline 10th November 2023- All applications must be authorised by your UNISON Branch**

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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 **10 November 2023**, to: **Email m.erkadoo@unison.co.uk** | Course places 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 course information by 2 weeks before the course please contact us.** |

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| |  |  |  | | --- | --- | --- | | **Course Title: See below, please tick box.** | Branch  Course fee | **Tick**  **Box** | | **Black members Network Day 2nd December Day only** | **£35** |  | | |
| **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 course will be sent by email and txt so please give the one most likely to get through** | **Mobile number:**  Course details will be sent to the preferred email address on your membership record.  **If you need to update this, please do so here:**  Note – some employers have firewalls that block our emails so a personal email address can be preferable. |

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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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| **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 | |
| **This information**  **tells us if you need any help with dependent care**  **so that you can attend this course.** | If you need assistance with childcare to attend this course (up to age 17) give details here: | |
| Tick here if you need assistance with adult dependent care home  care to attend this course.  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 course register which is provided to all participants and the tutor in the course pack. |

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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 course fee due and travel expenses**  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)