

# UNISON South East Activist Education Training - Application Form

<p><b>HOW TO APPLY</b></p> <ol style="list-style-type: none"><li>1. Complete this form</li><li>2. Get it signed by your Branch Secretary or Branch Education Co-Ordinator</li><li>3. Return it, by the closing date, to:</li></ol> <p>UNISON Regional Education Team UNISON Wells House 65 Boundary Road Woking GU21 5BS</p> <p>Email: <a href="mailto:educationse@unison.co.uk">educationse@unison.co.uk</a></p>	<p>Course places are not allocated until the closing date and applicants should not make travel arrangements etc. until they receive confirmation of their place</p> <p>We can only accept email applications when they are sent by your branch and convey all the information requested on the form.</p> <p><b>If you have not received course information by 2 weeks before the course please contact us.</b></p>
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**Course Title:**

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**Date(s):**

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**Location:**

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<p>We use this information to add your name to the training database for this event and to update your membership details</p>	<b>Membership No.</b>
	<b>Last Name:</b> _____ <b>First Name:</b> _____
<p>Gender is used to ensure equal access to all gender groups</p>	<b>Your home address:</b> _____
	<b>Postcode</b> _____
	<b>Phone number (day time):</b> _____
<p>Details of the course will be sent by email and txt so please give the one most likely to get through</p>	<b>Female</b> <input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/>
	<b>Email</b> _____
<p>This information tells us if you have any specific requirements that will help you to fully participate in the course.</p>	<b>Mobile number:</b> _____ Note – some employers have firewalls that block our emails so a personal email address is preferable.
	<b>If you have access requirements, tell us here:</b> _____
	<b>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?</b> _____
	<b>Food</b> 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?

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.

**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:

(Applications cannot be accepted unless approved by the branch)

Branch: \_\_\_\_\_

The branch supports this application and agrees to pay any course fee 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)