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BOOKING FORM



Course Title:

Venue: Date:

THIS FORM MUST BE SIGNED BY THE BRANCH SECRETARY OR BRANCH EDUCATION CO-ORDINATOR AND RETURNED NO LATER THAN 12 DAYS BEFORE THE COURSE BEGINS

1. Details of Person attending (Please tick boxes as appropriate)

Full Name Membership No.....

Address for correspondence

..... Postcode

Daytime Tel No Male Female

Email address

2. Ethnicity

White a.British b. Other Bangladeshi

Black African Chinese Pakistani Caribbean

Indian Black Other Other

Branch Employer

3. UNISON Details

Do you have any special dietary needs? Yes No

Do you require any access facilities? Yes No

For Residential Courses, is accommodation required. Yes No

Do you need assistance with child/dependent care to attend this course?
Yes No

If you have answered yes to any of the above, please give details

Applicant's Signature Date.....

All applicants must ask their Branch Secretary or Education Co-Ordinator to complete and return this form. For Lesbian, Gay, Bisexual and Transgendered Members not 'out' in the Branch please send the form direct to the address below where it will be processed confidentially.

Signed Position
for and on behalf of the Branch

<p>This form must be completed and returned to Max Saunders UNISON House, The Crescent Taunton TAI 4DU by no later than 12 days before the course</p>	<p>For use by Regional Office: Date rec'd: Course No. Ack:</p>
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Non Attendance without adequate notice or explanation may incur a fine of £25 charged to your Branch/Organisation.

