

Application Form

I wish to apply for a place on the course listed below.

Please use block letters:

Course name: _____

To be held at: _____

Starting date: _____

Full name: _____

Home address: _____

Trade union: _____

Union post(s) held: _____

Previous TUC courses _____

taken (with dates): _____

Name of employer _____

(and plant): _____

Department: _____

Job: _____

Day Tel. No: _____

I am a fully paid up member and representative of my union. My employer has agreed to my attending this course without loss of my earnings.

Signature of applicant _____

Signature of full-time officer (or Branch Stamp) _____

Do you have any special needs?

Please tick the appropriate box.

Access? Diet? Smoking? Writing?
Numbers? Hearing? Others?

Please let us know!

**This form should be completed and returned immediately to:
Sharon MacKay, TUC, Professional Studies, Plymouth College
of Further Education, Kings Road, Devonport, Plymouth PL1
5QG. Tel: (01752) 305385.**