

COURSE BOOKING FORM

Course Title:

Venue: Date:

Please ensure that this form has been signed by a branch officer 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. Race

Black White Mixed Other

3. Ethnicity

African Chinese Caribbean Indian

Bangladeshi British Black British

Other

4. UNISON Details

Branch Employer

Elected role

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/dependant 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-Coordinator to complete and return this form.

Signed: **Position:**

For and on behalf of the Branch

This form must be completed and returned to:

**The Education & Equalities Team, UNISON South West, UNISON House,
The Crescent, Taunton, Somerset TA1 4DU**

Tel: 01823 285314 E-mail: unionsweduction@unison.co.uk

By no later than 12 days before the course begins

PLEASE SEE OUR EDUCATION PROGRAMME FOR OUR COURSE CHARGES POLICY

Privacy notice: UNISON will use the information collected for membership administration, statistical analysis and equal opportunities monitoring purposes