**UNISON EAST MIDLANDS ONLINE COURSE APPLICATION FORM**

|  |
| --- |
| **HOW TO APPLY**  Complete this Application Form and the Proportionality & Fair Representation Form (P&FR) and return both by the closing date to UNISON Learning & Member Development (LMD) via email to [LMD@unison.co.uk](mailto:LMD@unison.co.uk). NOTE: Applications may be declined if both forms are not submitted.  Applications require branch approval and this will be sought by the Region when we receive your application. Course places are not allocated until after the closing date. Where courses are oversubscribed a selection process will be undertaken based on information supplied on the Proportionality & Fair Representation form. |

|  |
| --- |
| **eastmbwCourse Title:** |
| **Date(s):** |
| **Course Code:** |

**Location / Venue: ONLINE COURSE**

|  |  |  |  |
| --- | --- | --- | --- |
| **We use this information to add your name to the training database**  **for this event and**  **to update your UNISON membership details** | **Membership Number**:  **Full Name**: | | |
| **Home address:**  **Postcode:** | | |
| **Course details will be sent by email by LMD staff. Your email address will also be shared with the course tutor and other delegates, so please give the most suitable**  **Your contact telephone number will only be shared with the course tutor and used by LMD staff to contact you** | **Email address:**  IMPORTANT: Please provide an email address above that you are happy to share with the course tutor and other course delegates to enable networking to take place between learners.    Tick this box if you give consent for UNISON to contact you by email about other matters relating to UNISON  **Contact telephone number:** | | |
| **This information**  **tells us if you have specific requirements that will assist you to participate fully in the course. This will be shared with the course tutor to ensure your needs are met.** | **Facilitation requirements** – please provide details | |
| **We use this information to help verify which branch you belong to** | **Branch Name:** | |
| **We will use this**  **information to make**  **sure your membership**  **record shows your**  **correct activist position(s)** | | **Activist Position(s):**  Please provide details of the activist position(s) that you currently hold | |

|  |
| --- |
| **Branch approval** |
| We will contact your branch to seek their approval of your attendance on this course. We will also ask them to identify a mentor who will be on hand to assist as you undertake the course and in your future role. |

Please note that your name and details of your course attendance will be shared with your branch to update branch training records and where necessary for the invoicing of course fees.

**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)

**REMINDER: Have you provided your email address?**

**Please make sure you have given us a suitable email address and that you understand what it will be used for (see page 1 of this form)**

**Please submit this form, along with the completed Proportionality & Fair Representation Form to** [**LMD@unison.co.uk**](mailto:LMD@unison.co.uk) **by the relevant closing date**



**UNISON EAST MIDLANDS TRAINING**

**PROPORTIONALITY & FAIR REPRESENTATION FORM (P&FR)**

UNISON is committed to achieving fair representation and proportionality in all its structures. The Regional MORE (Members Organising Recruiting Educating) Committee asks each course applicant to fill in this form to assist us in achieving this aim. This information is used to select, monitor and evaluate participation in regional education/branch training opportunities. All information will be treated in absolute confidence. UNISON will store this data securely for one year then it will be securely destroyed.

|  |  |
| --- | --- |
| **NAME** |  |
| **MEMBERSHIP NO** |  |
| **BRANCH** |  |
| **COURSE TITLE/DATES** |  |
| Have you previously applied for a course and been rejected? If “YES” please state reasons:  ❒ Course Cancelled ❒ Course Oversubscribed ❒ Other – please state | |

Please tick the following boxes that apply

**1. Which of UNISON’s service groups are you in?**

❒Local Government ❒Health Care ❒Higher Education

❒Energy ❒Police & Justice ❒Community

❒Water, Environment and Transport

**2. Are you?**  ❒ Female ❒ Male ❒ Identify in some other way

**3. How would you describe your ethnic origin?**

❒ 4 Bangladeshi ❒ 3 Chinese ❒ 5 Indian ❒ 6 Pakistani

❒15 Asian UK ❒ 8 Asian Other ❒ 0 Black African ❒ 1 Black Caribbean

❒14 Black UK ❒ 2 Black Other ❒ 12 White UK ❒ 11 Irish

❒13 White Other ❒ Other mixed heritage

**4. Do you describe yourself as one of the following:**

❒ A Disabled person ❒ LGBT+

**5. What is your age group?** ❒ 16 - 26 ❒ 27 - 39 ❒ 40 - 49 ❒ 50+

**6. Which UNISON subscription band are you in?**

Band Yearly income £ Band Yearly income £

❒ A Up to 2,000 ❒ B 2,001 to 5,000

❒ C 5,001 to 8,000 ❒ D 8,001 to 11,000

❒ E 11,001 to 14,000 ❒ F 14,001 to 17,000

❒ G 17,001 to 20,000 ❒ H 20,001 to 25,000

❒ I 25,001 to 30,000 ❒ J 30,001 to 35,000

❒ K 35,000 +

**7. How many hours per week do you work?**

❒ Less than 16 ❒ 16-29 ❒ 30-34 35 or more

**Please submit this form, along with the completed course application form to**

[**LMD@unison.co.uk**](mailto:LMD@unison.co.uk) **by the relevant closing date**