**UNISON EAST MIDLANDS COURSE APPLICATION FORM**

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| **HOW TO APPLY**Complete this Application Form and return by the closing date to UNISON Learning & Member Development (LMD) via email to LMD@unison.co.uk. Applications require branch approval and this will be sought by the Region when we receive your application.  |

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

 **Location / Venue:**

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| **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.  **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.**Dietary requirements** – please be specific.  |
| **This information****indicates you require a claim form for care which will be sent with the course joining details if your place is confirmed** | **Dependant Care****[ ]** Tick here if you wish to claim care allowance for a child/adult dependant for additional costs you may incur whilst at the course |
| **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   |

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| **Declaration**  |
| Please click here to view the document ‘Workplace Representative Courses - Guidance for applicants’ and tick to confirm you have read this.**[ ]** I have read the document ‘[Workplace Representative Courses – Guidance for applicants’](https://eastmidlands.unison.org.uk/content/uploads/sites/24/2022/07/Workplace-Reps-Courses-Guidance-for-Applicants.docx) |

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| **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 buddy or mentor who will be on hand to assist as you undertake the course and in your future role.  |

**Any information provided on this form will be treated in the strictest confidence and will only be used for the purposes stated. This form and any attachments will be securely stored and destroyed after one year.**

**Please note, 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.**

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)



**Please submit this form to** **LMD@unison.co.uk** **by the relevant closing date**