**UNISON LEADERSHIP SKILLS TRAINING 2024/25 - APPLICATION FORM**

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| **HOW TO APPLY**  Forms must be signed by the applicant and countersigned by the Branch Secretary or other appropriate senior branch officer.  **Forms should be returned to j.palmer@unison.co.uk by**  **12 Noon on 16 April 2024.**  Successful applicants and their branches will be notified by 19 April. |

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| **eastmbwCourse Title: LEADERSHIP SKILLS TRAINING SCHOOL** | | | |
| **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:** | | |
| **Training details will be sent by email by UNISON staff to the email address provided**  **Your contact telephone number will only be used by UNISON 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 to verify your branch membership** | **Branch Name:** | |
| **We will use this**  **information as part of the application process and to ensure your membership**  **record shows your**  **correct activist position(s)** | | Please provide details of the activist position(s) that you currently hold | |

**In no more than 300 words, please state why would you wish to attend the Leadership School? (This will be used as part of the selection process for places)**

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| **Declaration** |
| I agree and commit to attending ALL the dates of the Leadership Skills training school as advertised  Signed: |

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| **Branch Countersignature** (for completion by Branch Secretary or other appropriate senior branch officer) |
| eastmbwI declare that our branch supports this application and agrees to pay the course fee if the applicant is successful.  Name:  Signed: |

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. Your name and details of your course attendance will be shared with your branch to update 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)