



BOOKING FORM

Course Title: Equality Representative

Venue: Bristol **Date:** 24 – 26 November 2010

THIS FORM MUST BE SIGNED BY THE BRANCH SECRETARY OR BRANCH EDUCATION CO-ORDINATOR 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. Ethnicity

- | | | | | | |
|-------------|--------------------------|---------------|--------------------------|----------|--------------------------|
| White | <input type="checkbox"/> | a. British | <input type="checkbox"/> | b. Other | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | Black African | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | Caribbean | <input type="checkbox"/> | Indian | <input type="checkbox"/> |
| Black Other | <input type="checkbox"/> | Other | <input type="checkbox"/> | | |

3. UNISON Details

Branch Employer

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/dependent care to attend this course?
Yes No

If you have answered yes to any of the above, please give details.....

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Applicant's Signature **Date**

All applicants must ask their Branch Secretary or Education Co-Ordinator to complete and return this form. For Lesbian and Gay Members not 'out' in the Branch please send the form direct to the address below where it will be processed confidentially.

Signed..... **Position**.....

for and on behalf of the Branch

<p>This form must be completed and returned to Theresa Penfold UNISON House, The Crescent Taunton TA1 4DU</p>	<p>For use by Regional Office: Date rec'd: Course No. Ack:</p>
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Non Attendance without adequate notice or explanation may incur a fine charged to your Branch/Organisation.