

EDUCATION APPLICATION FORM RESIDENTIAL

<p>1. The Course you wish to apply for:-</p> <p>Title:</p> <p>Dates:</p> <p>Location:</p>	<p>2. Individual Requirements</p> <p>Please tick</p> <p><input type="checkbox"/> Overnight accommodation</p> <p><input type="checkbox"/> Childcare at the Course</p> <p><input type="checkbox"/> No accommodation</p> <p><input type="checkbox"/> Facilities for disabled people</p> <p><input type="checkbox"/> Special diet</p> <p><u>Please give more details overleaf</u></p>	<p>3. Your Personal details</p> <p>First Name/s:</p> <p>Surname:</p> <p>Address:</p> <p>Postcode:</p> <p>Tel (work):</p> <p>Tel (home)</p> <p>Mobile:</p> <p>Email:</p> <p>Male <input type="checkbox"/> Female <input type="checkbox"/></p>
<p>4. Your Branch details</p> <p>Membership number:</p> <p>Branch:</p> <p>Your position in the Branch:</p>	<p>5. Branch Authorisation</p> <p>Please ask your Branch Education Co-ordinator/Secretary/Chair to sign the form here:</p>	<p>Please tick</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Black African</p> <p><input type="checkbox"/> Black Caribbean</p> <p><input type="checkbox"/> Black Other</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Other – please state</p>



Please return to: Education Administrator
 UNISON Yorkshire & Humberside Regional Centre,
 Commerce House, Wade Lane,
 Leeds, LS2 8NJ
 Tel: 0113 2182330

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Please use this space for further individual requirements

eg. special diet, facilitator for people with a disability.

Please list children needing creche places & tell us how old they are:

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