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| **HOW TO APPLY**1. Complete this form
2. Get it signed by your Branch Secretary or Branch Education Co-Ordinator
3. Return it, by the closing date, to:UNISON Learning & Organising ServicesUNISON Centre, 130 Euston RoadLondon NW1 2AY

Email LearningAndOrganising@unison.co.ukFax: 020 7121 5101 | Course places are not allocated until the closing date and applicants should not make travel arrangements etc. until they receive confirmation of their place from LAOS. We can only accept email applications when they are sent by your branch secretary and convey all the information requested on the form.**If you have not received course information by 2 weeks before the course please contact us.** |

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| **Course Title: LGBT Branch Officer & Contacts Training**      |
| **Date(s): 27 March 2019 10.30am-4.30pm** **last date for registration is 15 February 2019**      |
| **Location: Manchester Regional Office**      |

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| **We use this information to add your name to the training database****for this event and****to update your membership details****Gender is used to ensure equal access to all gender groups** | **Membership No**.      **Last Name**:      **First Name**:      |
| **Your home address:**                     **Postcode**      **Phone number** (day time):      |
| **Female** **[ ]  Male [ ]  Other [ ]**  |
| **Details of the course will be sent by email so please give the one most likely to get through** | **Email**      Note – some employers have firewalls that block our emails so a personal email address would be preferable if you have one. |

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| **In case of emergency please let us know who we should contact** | **Name**       **Relationship to you**      **Telephone Number**       |

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)

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| **We use this information to ensure equal access to all branches** | **Your Branch:**       |
| **Union Activist Positions**Tell us of any union activist positions you hold: |
| **Position** | **Dates: From/ To** |
|       |       |
|       |       |

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| **We use this information for selection purposes for this event.** | **Have you attended other courses:** **[ ] Yes [ ] No**If yes, give details, including dates and locations |
| Course name      | Date      | **L**ocation      |
|       |       |       |
| **Why would you like to do this course?** Give any information to be considered in support of your application (e.g. your experience or branch needs**)**      |

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| **This information****tells us if you have any specific requirements that****will help you to****fully participate****in the course.** | If you have access requirements, tell us here:           **NB If you need assistance in the event of an emergency evacuation, please complete the questionnaire on the last page of this form and return it with your application form.** |
| Tell us here of there any learning support requirements. For example do you require course materials in a different format, in large print, or on coloured paper?       |
| **Food**Give details here if you have any special dietary requirements:       |

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| Please note that we use your name and branch on the course register which is provided to all participants and the tutor in the course pack. |

**Declaration and signature**

The information supplied in this application form is accurate to the best of my knowledge.

Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

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| **This section must be completed by the Branch Secretary or Education Co-Ordinator:**(Applications cannot be accepted unless approved by the branch) |
| Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_The branch supports this application and agrees to pay any course fee dueSignature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Branch Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**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.**

**ACTIVIST EDUCATION TRAINING - EQUALITY MONITORING FORM**

**Your co-operation in completing this questionnaire would be appreciated.**

It is gathered so that UNISON can monitor and evaluate participation. We appreciate the categories below are limited, but within these constraints, please answer the questions that apply to you. All questions are optional, some may have multiple answers.

**All information will be treated in absolute confidence.**

**Course/Event applied for:**

1. **Is your gender**: [ ]  Female [ ]  Male [ ]  Identify in another way
2. **How would you describe your ethnic origin?**

 [ ]  Asian UK [ ]  Asian Other [ ]  Bangladeshi [ ]  Indian

 [ ]  Pakistani [ ]  Black African [ ]  Black Caribbean [ ]  Black UK

 [ ]  Black Other [ ]  Black mixed heritage [ ]  Chinese [ ]  Irish

 [ ]  White UK [ ]  White Other [ ]  Other mixed heritage

1. **Would you describe yourself as:** **[ ]** A disabled person

**4. Would you describe yourself as:** [ ]  Lesbian [ ]  Gay [ ]  Bisexual

**5. Would you describe yourself as:** **[ ]** Transgender

**6. UNISON has self-organised groups for women, lesbian, gay, bisexual and transgender, Black and disabled members. In which, if any, of the groups do you participate?**

 [ ]  Women members [ ]  Lesbian, gay, bisexual & transgender members

 [ ]  Black members [ ]  Disabled members

**7. How long have you been a UNISON member?**

 [ ]  0 - 2 years [ ]  3 - 5 years [ ]  6 - 10 years [ ]  11+ years

**8. Which of UNISON's service groups are you in?**

 [ ]  Community [ ]  Energy [ ]  Health Care [ ]  Higher Education

 [ ]  Local Government [ ]  Police and Justice [ ]  Water, Environment and Transport

**9. Which sector do you work in?**

 [ ]  Public sector [ ]  Private sector [ ]  Voluntary sector

**10. In which occupational group is your job?**

 [ ]  Managers [ ]  Professional [ ]  Administrators

 [ ]  Other non-manual [ ]  Technical [ ]  Personal & caring services

 [ ]  Clerical & secretarial [ ]  Other manual

 [ ]  Other occupation – please specify :

**11. What is your age group?**

 [ ]  16 – 26 [ ]  27 – 39 [ ]  40 – 49 [ ]  50+

**12. What subscription band (based on yearly income) are you in?**

[ ]  A. Up to £2,000 [ ]  B. £2,001 - £5,000 [ ]  C. £5,001 - £8,000

[ ]  D. £8,001 - £11,000 [ ]  E. £11,001 - £14,000 [ ]  F. £14,001 - £17,000

[ ]  G. £17,001 - £20,000 [ ]  H. £20,001 - £25,000 [ ]  I. £25,001 - £30,000

[ ]  J. £30,001 - £35,000 [ ]  K. Over £35,000 [ ] Apprentice / Member in education

**13. On average, how many hours per week do you work?**

 [ ]  35 hours + [ ]  30 - 34 hours [ ]  16 - 29 hours [ ]  Less than 16 hours

**14. Are you a retired member?** **[ ]** Yes [ ]  No

**15. Are you a member of any of the following national committees?**

 [ ]  National Executive Council

 [ ]  National Service Group Executive

 [ ]  National Self-organised Group Committee

 [ ]  National Labour Link Committee

 [ ]  National Young Members' Forum

 [ ]  National Retired Members' Committee

 [ ]  Other National Committee (Please specify below)

**16. Are you a member of any of the following regional committees?**

[ ]  Regional Council [ ]  Regional Committee

[ ]  Regional Service Group Executive [ ]  Regional Self-organised Group Committee

[ ]  Regional Young Members' Forum [ ]  Regional Labour Link Committee

[ ]  Regional Retired Members' Committee

[ ]  Other Regional Committee - please specify

**17. Do you hold any of the following positions in your branch?**

[ ]  Chairperson [ ]  Secretary

[ ]  Treasurer [ ]  Education Co-ordinator

[ ]  Lifelong Learning Co-ordinator [ ]  Equality Co-ordinator

[ ]  Health & Safety Officer [ ]  Communications Officer

[ ]  International Officer [ ]  Membership Officer

[ ]  Young Members' Officer [ ]  Welfare Officer

[ ]  Steward [ ]  Other - please specify:

**18. What Region are you a member of?**

[ ]  Eastern [ ]  Northern [ ]  Scotland

[ ]  Cymru/Wales [ ]  East Midlands [ ]  North West

[ ]  South East [ ]  West Midlands [ ]  Greater London

[ ]  Northern Ireland [ ]  South West [ ]  Yorkshire & Humberside

**Thank you for your cooperation**

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| UNISON logo.jpg | **Meeting Attendees PEEP Form** |

**Personal Emergency Evacuation Plan**

This questionnaire is intended for completion by anyone that requires special assistance in the event of an emergency evacuation. Please return it to learningandorganisingservices@unison.co.uk prior to attending the event. This document is to remain confidential between the meeting attendee, meeting organiser and UNISON Facilities.

**You do not need to fill in this form if you do not need assistance**

**Person and Meeting Details** (to be completed by attendee)

|  |  |
| --- | --- |
| Attendee’s Name |  |
| Attendee’s Telephone |  |
| Attendee’s Email |  |
| Course Attending |  |
| Course Location |  |
| Course Date |  |
| Course Times | Start |  | Finish |  |

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| **PEEPs Questionnaire** | **Yes** | **No** |
| Would you benefit if you were provided with a written emergency evacuation procedure? |  |  |
| Do you require the emergency evacuation procedures to be provided in an alternative format; Braille or large print? |  |  |
| Do you have any problems reading or identifying the signs that mark the emergency exits and evacuation routes to the emergency exits? |  |  |
| Do you have any problems hearing the fire alarm(s) provided in your place of work? |  |  |
| Would you experience any problems raising the alarm if you discovered a fire? |  |  |
| Is anyone designated to assist you to get out in an emergency? |  |  |
| Are you likely to experience difficulties independently travelling to the nearest emergency exit for a safe and timely evacuation? |  |  |
| Do you find the stairs difficult to use? |  |  |
| Are you dependent on a wheelchair for mobility? |  |  |
| If you use a wheelchair would you have any problems being able to transfer from your wheelchair without assistance? |  |  |

The UNISON Centre is committed to developing a means of escape to suit your needs in the event of an emergency evacuation. If you or the Health & Safety Manager consider there to be significant issues raised in this process that require attention, please contact the Facilities Helpdesk at facilitieshelpdesk@unison.co.uk or reception@unison.co.uk