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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 Services UNISON Centre, 130 Euston Road London NW1 2AY**   Email [LearningAndOrganising@unison.co.uk](mailto:LearningAndOrganising@unison.co.uk)  Fax: 020 7121 5101 | 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 event please contact us** |

*Please note that lunch and refreshments will be provided but travel, expenses and accommodation will need to be met via your branch.*

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| **Event Title:** LGBT+ BRANCH OFFICER TRAINING |
| **Date(s):** 25th MARCH 2020 |
| **Location:** UNISON CENTRE, LONDON. NW1 2AY |

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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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| **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 |
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| **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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| **Additional Support Requirements**  You should not be put off from applying for a course because of child/dependent care commitments, disability or learning support requirements | |
| **This information**  **tells us if you need any help with dependent care**  **so that you can attend this course.** | If you need assistance with childcare to attend this course (up to age 17) give details here: | |
| Tick here if you need assistance with adult dependent care home  care to attend this course.  Tick here if you have already completed UNISON’s Authorisation  for Adult Dependant Home Care Costs? | |

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

**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 the BEC’s travel costs to attend this event  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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.** For more information on how UNISON uses your personal data, please go to: www.unison.org.uk/privacy-policy

**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.**

**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  ULR

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](mailto: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)

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| --- | --- | --- | --- | --- |
| 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](mailto:facilitieshelpdesk@unison.co.uk) or [reception@unison.co.uk](mailto:reception@unison.co.uk)