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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: Email [L.Organising@unison.co.uk](mailto:L.Organising@unison.co.uk) | 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:** Disability Discrimination Law, Covid Issues – Virtual Training |
| **Date(s):** Thursday 26 November 2020 – 9.00am to 1pm |
| **Location:** Online / Virtual – via MSTeams |

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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 is preferable. |

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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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General application form activist courses

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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: |
| 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? |
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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? | |

General application form activist courses

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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) **NB You cannot sign your own form** |
| Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The branch supports this application and agrees to pay £30 fee course  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](http://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.**

**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  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**