

Course Application Form

Please read guidance notes on Regional Education profile

Course Details

Course Title

Date of Course

Venue

Personal Details

Surname

Forename

Membership no:

Union Position

Address for mailing Home or Work

Postcode

Daytime Telephone number

Email

Monitoring Details

Age

Date of Birth

Male

Female

Ethnicity (please indicate, this information is completely confidential and voluntary, the information will be gathered used for statistical purposes only)

Asian: Bangladeshi

Black: African

Mixed: Ethnic Background

Asian: Indian

Black: Caribbean

White: British

Asian: Pakistan

Black: Other

White: European

Asian: Other

Chinese

Other: please specify

Do you consider yourself to have a disability? Yes No

Other Details

Name of Employer

Have you requested permission to attend this course Yes No

If yes have you attached the Employers Release Form Yes No



Reason for course application:

(Please include as much information as possible for your application to be considered)

Please state of any special requirements:

Please state any conditions of which the course organiser should be aware

Signature of applicant:

Date:

Please return this form to

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Regional Education, Equalities & Health & Safety Officer
GMB Regional Education Department
Will Thorne House
2 Birmingham Road
Halesowen
B63 3HP

Office use only

Employers release form received

Form authorised by Education officer

Notification to Representative

Notification to provider

Employers Release Form

Very important

In order to reduce course cancellations; please give this form to your employer to obtain permission prior to sending your course application form. If due to time limitations this cannot be done send your completed application form and return this form as soon as you can, wherever possible obtain oral confirmation until the form is signed. Forms can be posted, emailed or faxed directly to the education department on 0121 503 0476.

COURSE TITLE _____

DATE(S) OF COURSE _____

VENUE _____

REPRESENTATIVES NAME _____

EMPLOYER _____

***It is/it is not (**please delete*) our intention to grant paid release from work for the above representative to attend the above course.**

Signed on behalf of the Employer _____

Please print name _____

Daytime telephone number _____

Date _____

Your attention is drawn to the legal rights that Trade Union Representatives have to attend Training Courses with pay (ACAS Code of Practice – “Time Off for Trade Union Duties and Activities”).

If you are unwilling to grant paid release in respect of this request, please complete the section below. You are advised that we may take further action to secure paid release from work in respect of this request if we feel it necessary.

Paid release will not be granted on this occasion because:
