

APPLICATION FORM

COURSE _____

VENUE _____

START DATE _____

DAYTIME PHONE NO. _____

YOUR NAME _____

ADDRESS _____

POST CODE _____

UNION BRANCH _____

UNION BRANCH ADDRESS _____

Disability / Special Need (please state) _____

Make sure you have given a daytime contact phone number so we can discuss your needs before the course starts.

I am a fully paid up member and Rep of my Union. My employer has agreed to my attending the course without loss of earnings.

Signed _____

Date _____

Please return to : Trade Union Education, Derby College, Johnson Building, Locomotive Way, Derby, DE24 8PU