



UNISON EASTERN REGION

COURSE APPLICATION FORM

COURSE TITLE:
DATE(s):
VENUE:

YOUR UNISON MEMBERSHIP No.:(NB WE <i>MUST</i> HAVE THIS)		
PLEASE FILL IN YOUR DETAILS BELOW USING BLOCK CAPITALS (* Delete as appropriate)		
SURNAME	FIRST NAME	GENDER M / F
ADDRESS FOR CORRESPONDENCE (pref home) POSTCODE	Work (Daytime) Tel No (including STD code)	
	Home Tel No (Including STD code)	
	Mobile Tel No	
	E-Mail Address	
YOUR BRANCH UNISON EAST OF ENGLAND AMBULANCE SERVICE.	POSITION IN THE BRANCH	
ETHNICITY:* Black African / Black Caribbean / Black Other / Chinese / Sth Asian Bangladeshi / Sth Asian Indian / Sth Asian Pakistani / Other Asian / White / Other		

YOUR NEEDS	
DISABLED FACILITIES REQUIRED OR OTHER NEEDS (E.G. DYSLEXIA ETC)	
PLEASE SPECIFY:	
SPECIAL DIETARY REQUIREMENTS (e.g. Vegetarian / Allergies / other)	
PLEASE SPECIFY:	

PLEASE MAKE SURE YOUR BRANCH COMPLETES THIS SECTION	
THIS APPLICATION IS SUPPORTED BY THE BRANCH I consider that the applicant and the branch can benefit from attendance.	
THE BRANCH HAS, OR IS IN THE PROCESS OF ARRANGING TIME OFF FOR THIS MEMBER TO ATTEND THIS COURSE I understand that the branch will be invoiced for the course fee.	
SIGNED FOR THE BRANCH	PRINT NAME
BRANCH POSITION	DATE

APPLICATIONS MUST BE RETURNED NO LATER THAN FOUR WEEKS BEFORE THE START DATE OF THE COURSE.
Please return this form to the address below;

MIKE PELLING, Branch Education Coordinator.
5 Hornbeam Drive
Horringer
BURY ST EDMUNDS, SUFFOLK, IP29 5SP

Tel: 07790 866137
email: mpelling@eeas-unison.com