|  |  |  |  |
| --- | --- | --- | --- |
| Course Code:  **Part A** | | Course Date: | |
| Course Title: | | | |
| Mr / Mrs / Ms / Miss /Dr*(please circle)* | Forename: | | Surname: |
| Address: | | | |
| Postcode: | Home  Tel No.: | | Work  Tel No.: |
| Email: | | | |
| Date of Birth: | | Ethnicity: | |
| Union: | | | |
| Union Section  (if any): | | Union  Position: | |
| Time in Union Post(s): | |  | |
| Employer/Company: | | | |
| Special Requirements: | | | |
| e.g. large print, tape, Braille, disabled access, etc. For child care please phone our Education Trust team on 01509 410977 to discuss  options. | | | |
| **Please circle your Dietary Requirements: Vegan / Veg / Non-veg */* Other:** | | | |
| **Accommodation Required? Yes / No*(please circle)*** | | Annual Earnings: | |
| Please give brief reason(s) for your interest in this course: | | | |

GFTU & Northern College Union representatives’ training. Course programme 2020/21

**All sections must be completed:** Part A to be completed by delegate and Part B to be completed by Union Officer.

**All fields below are mandatory. Applications will be referred back if any element of the form is not completed.**

**Please note:** Course nomination forms **must** be returned to Mark Robinson at [markr@gftu.org.uk](mailto:markr@gftu.org.uk) 30 calendar days before the day of the course start date. For online courses, we allow nomination forms to be received 5 working days before the course start date.

**Terms & Conditions for Applicants**

**Please insert an x in the boxes to add your preferences & declarations.**

I hereby declare I have not already participated in this course previously 

I understand that failure to attend this course will result in a £200 penalty fee to my union 

Opt out of marketing emails regarding upcoming courses 

Opt out of GFTU monthly newsletter 

Signed: Date:

|  |  |
| --- | --- |
| **Part B**  The Nomination Form must be approved by the Union’s General Secretary   or a senior official having responsibility for  making nominations. | |
| Approved by: | Position: |
| Signed: | Date:  Pleas |