**Course Application Form **

**Course Details**

Course Title

Dates of Course

Venue

**Personal Details**

Forename Surname

Membership no: Union Position

Address for mailing

Postcode

Contact telephone number:

Email:

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 education.midlands@gmb.org.uk or post to the following address:

Deb Watt

Education, Health & Safety Department

GMB Midlands

Will Thorne House

2 Birmingham Road

Halesowen

B63 3HP

Important notice

GMB Midlands works in partnership with Shrewsbury College Trade Union Studies Department to deliver your training.

□ I agree to GMB sharing my personal information with Shrewsbury College to assist course organisation.

**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 emailed directly to the education department - education.midlands@gmb.org.uk

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:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Thank you for completing this form. Please return to the Education Department

Will Thorne House, 2 Birmingham Road, Halesowen, West Midlands, B63 3HP or email to education.midlands@gmb.org.uk