

Course Nomination Form

PART A: to be completed by member.



**ALL SECTIONS MUST BE COMPLETED.
PLEASE USE BLOCK CAPITALS.**

COURSE TITLE:

COURSE DATES:

COURSE REF:

Forename:

Union:

Surname:

Section (if any):

Address:

Male/Female:

Employer/Company:

Unions Position(s):

Post Code:

Time in Union Post(s):

Tel. No. (home):

Special Needs (see below #):

Tel. No. (work):

Date of Birth:

Email:

Ethnicity:

Why do you want to attend this particular course? Continue overleaf if necessary.

PART B: to be completed by union office.

Signed:

Position:

PRINT NAME:

Union:

Date:

NB. Part B must be signed by the union's General Secretary or a senior official notified to the GFTU as having responsibility for making nominations.

Special needs – eg vegetarian, large print, tape, Braille, disabled access, etc. For child care please phone our Education Officer (01509 410 857) to discuss options.

After both parts have been completed please return to the, GFTU Educational Trust, 84 Wood Lane, Quorn, Leicestershire, LE12 8DB

e-mail: daniella@gftu.org.uk

web-site: www.gftu.org.uk