

Course Nomination Form

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

Part A

Course Code:		Course Date:	
Course Title:			
Mr / Mrs / Ms / Miss /Dr <i>(please circle)</i>	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.			
Dietary Requirements: Vegan / Veg / Non-veg <i>(please circle)</i> / Other:			
Accommodation Required? Yes / No <i>(please circle)</i>			
Please give brief reason(s) for your interest in this course:			

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:

Please return completed form to

GFTU Educational Trust, 88 - 88 Wood Lane, Quorn, Leicestershire LE12 8DB

Or email gftueducation@gftu.org.uk.