



# Application Form GMB Education

Name of Course			
Date(s) of Course			
Venue of Course			
First Name		Surname	
Home Address			
Postcode		Telephone Home / Mobile	
Membership No.		Telephone Work	
Email Address			
Name of Branch			

## Please notify your Branch Secretary of your application

GMB Post(s) Held			
Name of Employer			
Employer's Address			

My Employer has agreed to my attending this course without loss of earnings	Yes/No
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Please indicate appropriate manager with authority to grant paid release	
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Do you have any personal (eg disability; childcare; dietary requirements) or learning needs?	
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Do you require pre-payment of travel expenses (Weekend Courses)	Yes/No
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Ethnic Monitoring: please indicate the category which best describes your ethnic background

African	<input type="checkbox"/>	Indian	<input type="checkbox"/>	If you feel that none of the above are appropriate, please provide your own self description
Bangladeshi	<input type="checkbox"/>	Mixed race	<input type="checkbox"/>	
Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	
Caribbean	<input type="checkbox"/>	White	<input type="checkbox"/>	
Chinese	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	

Signature		Date	
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Return This Form To:	GMB, Regional Education Office Freepost NG3 1BR 542 Woodborough Road Nottingham	Please photocopy this form to keep details of your application
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