



RMT EDUCATION

APPLICATION TO ATTEND RMT EDUCATION COURSE

Please complete the following in full.

Name

Address

.....

..... Post Code

Contact number

Email contact

RMT membership number

Length of membership in RMT

Position held in RMT currently

Employer

Course title

Date of course – week commencing-

1st choice

2nd choice

3rd choice

Any special requirements to assist you to attend the course, dietary etc

.....

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Train tickets are available for travel on East Coast Mainline, do you require a ticket-

Please return this form completed to your branch secretary for authorisation.

Signature of course applicant.....

Branch name

Signature of branch secretary

Date

This form when signed should be forwarded as soon as possible to;

Lynne Heath
RMT National Education Centre
47-49 Thorne Rd, Doncaster
South Yorkshire DN1 2EX.