# RMT EDUCATION

**APPLICATION TO ATTEND REGIONAL 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-....................................................................................

Please list the Trade Union Education Courses you have attended?

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Employer-.......................................................................................................................

Course Title: Disability in the Workplace (London Transport region)

Course Dates: 1-5 October 2018

Course Venue (if Known) London

Any special dietary requirements for any catering arrangements you wish to inform us of?

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**If you are disabled in any way, are there any measures we can take consider to remove barriers to your participation and ensure that your time at the Course is the best learning environment it can be? This may relate to, for example, physical access, the sensory environment, or the course materials.**

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Could you briefly set out since your last course what, if any, trade union activity you have been involved in and how your previous course (s) have assisted you?

If this is your first course then perhaps you could set out briefly what you hope to gain from attending your course?

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**You should apply to your employer for ‘paid release’ to attend this course: Can you confirm you will receive paid release to attend Y/N**

**If No, please advise the name of your Lead Organiser who will be able to contact your employer to ensure your statutory rights to paid release are being met.**

**… John Leach ……………………………………………….**

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;

NATIONAL EDUCATION OFFICER

Bob Crow National Education Centre

47-49 Thorne Road

Doncaster  
South Yorkshire

DN1 2EX.