**Application to attend an RMT Regional Course**

**Please complete the following clearly and in full**

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| --- | --- |
| **Name** | **Home address** |
| **Email address:** | **Post Code** |
| **Contact Tel’ No.** | **RMT Membership No.**  **Length of membership (years)** |
| **Current employer** | **Job / grade** |
| **Positions/roles currently held in RMT…** | **Previous education. List any previous TUC or RMT courses you have attended and what year…** |
| **Course title applying for** | **Preferred start dates for the course…**  1  2  3 |
| **Please tell us of any specific, accessibility needs you have and/or dietary requirements?** | |
| You should apply to your employer for paid release to attend this course. Please confirm you have done so and will receive paid release to attend: **YES / NO** *(delete as appropriate)* | |
| If the answer above is ‘NO’ please give us of the name of your Lead Organiser, who will be able to contact your employer, to ensure your statutory rights to release are being met. |  |

Please send this form to your Branch Secretary for branch authorisation

|  |  |
| --- | --- |
| Name of Branch | Date signed |
| Signature of  Course Applicant | Signature of  Branch Secretary |

Once completed and signed this form

should be sent to**:**