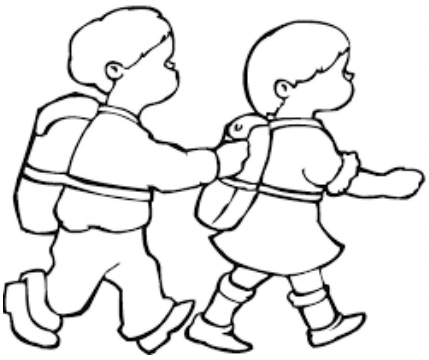
APPLICATION FORM FOR MEMBERSHIP COURSES

Managing Behaviour

Date: 9th October 2019 Course Code: WM/19/082 Times: 10:00am – 3:00pm
Venue: UNISON Regional Centre, Birmingham



This workshop is aimed at UNISON members who are teaching assistants or who support children and teachers in primary schools. This workshop will focus on your role in managing classroom behaviour. You will have the opportunity to consider how to motivate children to behave in ways that are most likely to enhance their learning.

HOW TO APPLY	Course places are not allocated until the closing date and applicants should not make travel arrangements etc. until they receive confirmation of their place from Region. We can only accept email applications when they are sent by your branch secretary and convey all the information requested on the form.
1. Complete this form and get it signed by your Branch Secretary or Branch Education Co-Ordinator **2.** Return it, by the closing date, to: UNISON West Midlands, 24 Livery Street, Birmingham, B3 2PA or email to learning@learninunisonwm.org.uk by 18th October	

We use this information to add your name to the training database for this event and to update your membership details

Membership No.

Last Name: **First Name**:

Your home address:

Postcode

Phone number (day time):

Gender is used to ensure equal access to all gender groups

Female ☐ **Male** ☐ **Other** ☐

Details of the course will be sent by email so please give the one most likely to get through

Email

Note – some employers have firewalls that block our emails so a personal email address would be preferable if you have one.

We use this information to ensure equal access to all branches

Your Branch:

Entered on AMT: _____ Course info sent: _____

Please note that we use your name and branch on the course register which is provided to all participants and the tutor in the course pack.

This information tells us if you have any specific requirements that will help you to fully participate in the course.

If you have access or learning support requirements, tell us here (For example: dietary requirements, Large print, hearing loop, mobility issues that would require help in a fire evacuation situation):

For more information on how UNISON uses your personal data, please go to: www.unison.org.uk/privacy-policy

Declaration and signature

The information supplied in this application form is accurate to the best of my knowledge.

Applicant's signature: _____ Date:

This section must be completed by the Branch Secretary or Education Co-Ordinator:

The course applicant should arrange this. (Applications cannot be accepted unless the branch has approved)

This application is supported by the branch

Signature: _____ Print Name _____

Branch Position: _____

Date: _____

Any information given will be treated in the strictest confidence and will only be used for the purposes stated on the form. This form and any attachments will be securely stored and destroyed after one year.

ACTIVIST EDUCATION TRAINING - EQUALITY MONITORING

Your co-operation in completing this questionnaire would be appreciated.

This information is gathered so that UNISON can monitor and evaluate participation. We appreciate the categories below are limited, but within these constraints, please answer the questions that apply to you. All questions are optional. Some may have multiple answers.

All information will be treated in absolute confidence.

How would you describe your ethnic origin?

☐ Asian UK	☐ Asian Other	☐ Bangladeshi	☐ Indian
☐ Pakistani	☐ Black African	☐ Black Caribbean	☐ Black UK
☐ Black Other	☐ Black mixed heritage	☐ Chinese	☐ Irish
☐ White UK	☐ White Other	☐ Other mixed heritage	