

Course Nomination Form

PART A: to be completed by member.

ALL SECTIONS MUST BE COMPLETED.
PLEASE USE BLOCK CAPITALS.

General
Federation
of Trade
Unions



Educational Trust

COURSE TITLE:

COURSE DATES:

COURSE REF:

Forename:

Union:

Surname:

Section (if any):

Address:

Male/Female:

Employer/Company:

Post Code:

Unions Position(s):

Tel. No. (home):

Time in Union Post(s):

Tel. No. (work):

Special Needs (see below #):

E-mail:

Why do you want to attend this particular course? Continue overleaf if necessary.

PART B: to be completed by union office.

Signed:

Position:

PRINT NAME:

Union:

Date:

NB. Part B must be signed by the union's General Secretary or a senior official notified to the GFTU as having responsibility for making nominations.

Special needs – eg vegetarian, large print, tape, Braille, disabled access, etc. For child care please phone our Education Officer (020 75208340) to discuss options.

After both parts have been completed please return to the General Secretary, GFTU Educational Trust, 4th Floor Headland House, 308 – 312 Gray's Inn Road, London WC1X 8DP or fax to 020 75208350

e-mail: gftuhq@gftu.org.uk

web-site: www.gftu.org.uk