

Application Form



I would like to apply for a place on the course listed below:

Course Title

Course Location

Start Date

First Name **Surname**

Home Address

 Postcode

Email Address (if any)

Mobile Number

Would you describe yourself as having a **health issue or disability?** (if yes, please give details)
 Yes No If yes, please give details

Trade Union

Name of Employer

Home Address

 Postcode

Daytime Telephone Number

Please add details from P15 - authorisation from Branch

I am a fully paid up member and representative of my Union and my employer has agreed to me attending this course without loss of earning.

Signature of Applicant **Signature of Branch Officer**

Please return your completed form to: Trade Union Education, Mike Dearing, The Manchester College, St Johns Campus, 2 New Quay Street, Manchester, M3 3BE or by email (with branch officers signature) MDearing@themanchestercollege.ac.uk