**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

Mobile Number

Would you describe yourself as having any additional support needs?

Yes No If yes, please give details

Trade Union

Name of Employer

Address

Daytime Telephone Number

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

Signature of applicant

Signature of Branch Officer

Branch Officer Email Address Contact No.

***Please return your completed form to: Mike Dearing, The Manchester College, St Johns Campus, 2 New Quay Street, Manchester, M3 3BE***