

**TRADE UNION EDUCATION AND TRAINING PROGRAMME**  
**APPLICATION FORM**

*I wish to apply for a place on the course/s detailed below.*

Course title	
Course dates	
Your Full name	
Home address	
Day time contact number	
Mobile number (in case we need to contact you about the course)	
Email address (please carefully check, as this will be the primary means to communicate with you about the course).	
Trade Union	
Do you define yourself as disabled?	
Do you have support needs as a result of your disability?	

Irish Congress of Trade Unions  
 45-47 Donegall Street  
 Belfast  
 BT1 2FG

T +44 (0)28 9024 7940

F +44 (0)28 9024 6898

[info@ictuni.org](mailto:info@ictuni.org)

[www.ictuni.org](http://www.ictuni.org)



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**CONGRESS**

Irish Congress of Trade Unions  
Northern Ireland Committee

Signature of applicant	
Signature of Union Official or branch stamp	

Please return your form by email to:

[Tony.gallagher@ictuni.org](mailto:Tony.gallagher@ictuni.org)

Or

[Eileen.gorman@ictuni.org](mailto:Eileen.gorman@ictuni.org)

By post to:

Education Unit  
ICTU  
45-47 Donegall St  
Belfast BT1 2FG

**Using your information**

Details you provide may be used to give information to third parties for monitoring and evaluation purposes.

Please tick if you **DO NOT** wish to receive future communication.

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