

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?	

Signature of applicant	
Signature of Union Official or branch stamp	

Please return your form by email to:

Tony.gallagher@ictuni.org

Or

Eileen.gorman@ictuni.org

By post to:

Education Unit
ICTU
4-6 Donegall St Place
Belfast BT1 2FN

By fax

028 90 246898

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.