

nipsa Training Course Application

Protecting Public Services
Supporting Public Servants

You can type directly onto this form. Please fill in your personal details below. Once completed in full save a copy to your computer and then please email to your branch chairperson/secretary as they must sponsor your application.

Any queries please contact NIPSA Training Officer on 028 9066 1831

Part 1

1. Surname:				Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/>				
2. Forename(s):								(in full)
3. Branch No.			4. Membership No.					
5. Home Address:								
								Postcode:
Contact	Work	Home	Mobile					
6. Telephone:								
7. Email:								
8. Do you work? <small>(tick applicable)</small>		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Job Share <input type="checkbox"/>	Term Time <input type="checkbox"/>			
9. Employer:								
10. Office Address: (in full)								
								Postcode:

Part 2

1. Course applied for:		Date(s):
2. Present Branch office held:		
3. Special requirements:		
4. Previous NIPSA Courses attended: <small>(Please give year if possible)</small>		
5. History of union membership: <small>(NIPSA and other unions)</small>		

To the Branch Chair/Secretary: please send this form to training@nipsa.org.uk indicating you are happy to support this application. Any queries please contact NIPSA Training Officer on 028 9066 1831.