

NATIONAL REPS TRAINING SEMINAR 2010, DUBLIN APPLICATION FORM

Full Name:.....

Name you wish to have on your name badge (if different to that shown above):.....

TSSA Branch:.....

TSSA Membership Number:.....

Home postal address:.....

.....Post Code:.....

Telephones - Home:..... Mobile:.....

Email addresses - Home:..... Work:.....

Employer:.....

Category of TSSA rep:

- | | | | |
|-----------------------------------|--------------------------|------------------------------|--------------------------|
| Company Level Health & Safety Rep | <input type="checkbox"/> | Company Level Bargaining Rep | <input type="checkbox"/> |
| Company Level Bargaining Rep | <input type="checkbox"/> | Union Learning Rep | <input type="checkbox"/> |
| Network Rail Area Council Rep | <input type="checkbox"/> | Local Level Bargaining Rep | <input type="checkbox"/> |
| Local Health and Safety Rep | <input type="checkbox"/> | Network Rail Local Rep | <input type="checkbox"/> |

Other (please specify):.....

Special requirements:

Do you have any requirements in relation to a disability? Yes No

Do you require childcare? Yes No

Do you have any other special requirements (eg vegetarian/vegan)? Yes No

If YES, please specify:.....

Hotel accommodation -

required for the following nights:

Tue 25 May Wed 26 May Thu 27 May Friday 28 May

Signed:..... Date:.....

This form should be completed and sent by fax to 020 7383 0656, or posted free of charge to FREEPOST NW 2409, Transport Salaried Staffs' Association, Walkden House, 10 Melton Street, London NW1 1YA (no stamp required).