

SOG/BM/ED/MC

Eileen Dinning/Margaret Cusack
email: e.dinning@unison.co.uk
m.cusack@unison.co.uk

**TO: ALL BRANCH SECRETARIES
SCOTTISH BLACK MEMBERS MAILING LIST**

8 October 2012

Dear Colleague

SCOTTISH BLACK MEMBERS AGM: SATURDAY 17 NOVEMBER 2012
SCOTTISH PARLIAMENT, EDINBURGH

I am writing to confirm that the Annual General Meeting of the Scottish Black Members Group will take place in the Scottish Parliament, Edinburgh on **Saturday 17 November 2012, from 10.30 am - 1.30 pm.**

I would ask that you bring this correspondence to the attention of **all** black members in your branch and encourage them to attend.

Anyone wishing to attend should complete a Delegate Form as attached and return to Margaret Cusack either by email to the address above, or by post to UNISON House, 14 West Campbell Street, Glasgow G2 6RX by **Wednesday 7 November 2012.**

In order to make necessary arrangements, delegates requiring crèche facilities should complete appropriate form and **return as soon as possible.**

It should be noted that branches are responsible for paying for travel and subsistence costs. However the Scottish Black Members Committee will provide Lunch just after the AGM closes at around 1.30 pm.

NEW COMMITTEE

Please note, for those elected to the new SBMC, a short committee meeting will take place immediately following the AGM.

Nominations/

Nominations for Members of the Scottish Black Members Committee

Anyone wishing to stand for Scottish Black Members Committee positions detailed below must complete the appropriate form and submit it **by no later than Wednesday 7 November 2012**. Biographical details can be submitted on a plain sheet of paper if you wish. (Please note nominations for any committee position will be limited to two committee posts per individual.)

List of Positions

Chairperson)	one of which must
Vice-Chairperson)	be a woman
Secretary)	one of which must
Membership Officer)	be a woman
Publicity and Campaigns Officer		
Education Officer		
Budget Officer		
National Black Members Committee)	one of which must
(2 positions))	be a woman

ANNUAL GENERAL MEETING PAPERS

A Delegate Pack will be sent out **approximately one week before the AGM**.

Yours sincerely

Eileen Dinning

EILEEN DINNING
Scottish Equalities' Officer

Encs

**SCOTTISH BLACK MEMBERS GROUP
ANNUAL GENERAL MEETING
TO BE HELD ON SATURDAY 17 NOVEMBER 2012
SCOTTISH PARLIAMENT, EDINBURGH**

APPLICATION FORM FOR DELEGATES

NAME:

ADDRESS:

.....

.....

TEL/EMAIL:

GENDER:

BRANCH:

**SIGNATURE OF
BRANCH SECRETARY**

**If you have any specific requirements, please give details (eg. wheelchair accessibility etc).
Creche requests on separate form.**

.....

.....

.....

PLEASE COMPLETE AND RETURN TO:

**Margaret Cusack, Secretary to Eileen Dinning, Scottish Equalities' Officer, UNISON House,
14 West Campbell Street, Glasgow, G2 6RX**

BY NO LATER THAN WEDNESDAY 7 NOVEMBER 2012

**SCOTTISH BLACK MEMBERS GROUP
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DELEGATES CRECHE REQUEST

NAME:

ADDRESS:

.....

TEL/EMAIL:

Please complete a separate form for each child

Name of Child _____ Age: _____ Gender: _____

☛	Are there any foods/drinks your child cannot eat/drink for medical, religious or other reasons?	YES/NO
	If 'YES', please give details	
☛	Does your child have any access requirements?	YES/NO
	If 'YES', please give details	
☛	Is your child toilet trained or wearing nappies?	
	
☛	What is the best way to settle your child?	
	
☛	Is there anything in particular we should know about your child so as to make their stay more pleasurable?	
☛	Would you give permission to take your child on an outing?	YES/NO

NB ONLY CHILDREN UP TO THE AGE OF 16 YEARS CAN BE CONSIDERED ELIGIBLE FOR THE CRECHE

I, hereby, consent to receiving medical treatment eg. plasters, antiseptic cream, if creche workers and/or a doctor feels this to be necessary.

SIGNATURE DATE

RELATIONSHIP TO CHILD

PLEASE COMPLETE AND RETURN TO:

**Margaret Cusack, Secretary to Eileen Dinning, Scottish Equalities' Officer, UNISON,
UNISON House, 14 West Campbell Street, Glasgow, G2 6RX as soon as possible but**

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MOTION

The above Motion is submitted by:

BRANCH:

ADDRESS:

**SIGNATURE OF
BRANCH SECRETARY:**

PLEASE COMPLETE AND RETURN TO:

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ELECTIONS - SCOTTISH BLACK MEMBERS COMMITTEE

NOMINATION FOR: CHAIRPERSON

(Individuals may be nominated for no more than two positions. Please use a separate form for each nomination). (Only one set of biographical details is required).

FULL NAME:

ADDRESS
(for correspondence)

.....

TEL/EMAIL:

GENDER:

BRANCH:

**GEOGRAPHICAL
LOCATION:**

**SERVICE
GROUP:**

SIGNATURE OF NOMINEE:DATE:

SIGNATURE OF BRANCH OFFICER:DATE:

PLEASE COMPLETE AND RETURN TO:

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ELECTIONS - SCOTTISH BLACK MEMBERS COMMITTEE

NOMINATION FOR : VICE-CHAIRPERSON

(Individuals may be nominated for no more than two positions. Please use a separate form for each nomination). (Only one set of biographical details is required).

FULL NAME:

ADDRESS
(for correspondence)

TEL/EMAIL:

GENDER:

BRANCH:

GEOGRAPHICAL
LOCATION:

SERVICE
GROUP:

SIGNATURE OF NOMINEE:**DATE:**

SIGNATURE OF BRANCH OFFICER:**DATE:**

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ELECTIONS - SCOTTISH BLACK MEMBERS COMMITTEE

NOMINATION FOR: SECRETARY

(Individuals may be nominated for no more than two positions. Please use a separate form for each nomination). (Only one set of biographical details is required).

FULL NAME:

ADDRESS
(for correspondence)

.....

TEL/EMAIL:

GENDER:

BRANCH:

**GEOGRAPHICAL
LOCATION:**

**SERVICE
GROUP:**

SIGNATURE OF NOMINEE:DATE:

SIGNATURE OF BRANCH OFFICER:DATE:

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ELECTIONS - SCOTTISH BLACK MEMBERS COMMITTEE

NOMINATION FOR: MEMBERSHIP OFFICER

(Individuals may be nominated for no more than two positions. Please use a separate form for each nomination). (Only one set of biographical details is required).

FULL NAME:

ADDRESS
(for correspondence)

.....

TEL/EMAIL:

GENDER:

BRANCH:

GEOGRAPHICAL LOCATION:

SERVICE GROUP:

SIGNATURE OF NOMINEE:DATE:

SIGNATURE OF BRANCH OFFICER:DATE:

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ELECTIONS - SCOTTISH BLACK MEMBERS COMMITTEE

NOMINATION FOR: PUBLICITY & CAMPAIGNS OFFICER

(Individuals may be nominated for no more than two positions. Please use a separate form for each nomination). (Only one set of biographical details is required).

FULL NAME:

ADDRESS
(for correspondence)

TEL/EMAIL.....

GENDER:

BRANCH:

GEOGRAPHICAL
LOCATION:

SERVICE
GROUP:

SIGNATURE OF NOMINEE:DATE:

SIGNATURE OF BRANCH OFFICER:DATE:

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ELECTIONS - SCOTTISH BLACK MEMBERS COMMITTEE

NOMINATION FOR: EDUCATION OFFICER

(Individuals may be nominated for no more than two positions. Please use a separate form for each nomination). (Only one set of biographical details is required).

FULL NAME:

ADDRESS
(for correspondence)
.....

TEL/EMAIL:

GENDER:

BRANCH:

**GEOGRAPHICAL
LOCATION:**

**SERVICE
GROUP:**

SIGNATURE OF NOMINEE:DATE:

SIGNATURE OF BRANCH OFFICER:DATE:

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ELECTIONS - SCOTTISH BLACK MEMBERS COMMITTEE

NOMINATION FOR: BUDGET OFFICER

(Individuals may be nominated for no more than two positions. Please use a separate form for each nomination). (Only one set of biographical details is required).

FULL NAME:

ADDRESS
(for correspondence)

TEL/EMAIL:

GENDER:

BRANCH:

GEOGRAPHICAL
LOCATION:

SERVICE
GROUP:

SIGNATURE OF NOMINEE:DATE:

SIGNATURE OF BRANCH OFFICER:DATE:

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ELECTIONS - SCOTTISH BLACK MEMBERS COMMITTEE

**NOMINATION FOR: NATIONAL BLACK MEMBERS COMMITTEE
SCOTTISH REPRESENTATIVE (2 PLACES)**

(Individuals may be nominated for no more than two positions. Please use a separate form for each nomination). (Only one set of biographical details is required).

FULL NAME:

ADDRESS
(for correspondence)

TEL/EMAIL:

GENDER:

BRANCH:

**GEOGRAPHICAL
LOCATION:**

**SERVICE
GROUP:**

SIGNATURE OF NOMINEE:DATE:

SIGNATURE OF BRANCH OFFICER:DATE:

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