

SOG/BM/2/HR/AH

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

5 November 2009

Dear Colleague

SCOTTISH BLACK MEMBERS AGM - POSTPONEMENT

I refer to recent correspondence about changing the date of the above AGM from 14 November to 28 November 2009.

I now write to advise that it has been necessary to postpone the AGM until early in the New Year because of the following events.

On 14 November, Scotland United have organised a Rally on Glasgow Green. This is a response to the announced plans of the so-called 'Scottish' Defence League to demonstrate in Glasgow that day. The Scotland United rally is being backed by the STUC and UNISON's Scottish Committee and branches are being encouraged to attend this important event, and make it clear that Scotland abhors the violence and hatred espoused by the E/SDL.

On 28 November, the annual St Andrews Day Anti Racism March & Rally will also take place in Glasgow. This event is organised each year by the STUC Black Workers Committee and supported by UNISON. Information on both these events has been sent to branches.

It is important that our members are free to attend these events if they so wish. Therefore the SBMC AGM will take place on **Saturday 9 January 2010 in the Boardroom, Royal Victoria Hospital, Edinburgh.**

I enclose a fresh set of papers with the new date. If you have already sent in a delegate form and/or nomination paper we will accept these for the new date. However if you have sent in papers and cannot attend on 9 January then please advise Ann Hulme.

Yours sincerely

Eileen Dinning

EILEEN DINNING
Scottish Equalities Officer

SOG/BM/ED/AH
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**TO: ALL BRANCH SECRETARIES
SCOTTISH BLACK MEMBERS MAILING LIST**

5 November 2009

Dear Colleague

**SCOTTISH BLACK MEMBERS AGM: SATURDAY 9 JANUARY 2010
BOARDROOM, ROYAL VICTORIA HOSPITAL, EDINBURGH**

I am writing to confirm that the Annual General Meeting of the Scottish Black Members Group will take place in the Boardroom, Royal Victoria Hospital on **SATURDAY 9 JANUARY 2010, from 11.00 am – 2.00 pm.**

I would ask that you bring this correspondence to the attention of **all** black members in your branch and explain why it is necessary.

Anyone wishing to attend should complete a Delegate Form as attached and **return by Friday 18 December 2009**

In order to make necessary arrangements, delegates requiring crèche facilities and any other special facilities should complete appropriate form and **return by Friday 4 December 2009**

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 1.30/2.00 pm.

The format for the AGM will be Elections for Scottish Black Members Committee, Motions and Amendments.

Any motions for consideration by the AGM must be submitted on the attached form **by no later than Friday 4 December 2009.**

This also applies to any motions amending the Constitution.

No other motions will be debated at the AGM unless they qualify as an item of genuine emergency.

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 Friday 18 December 2009**. Biographical details can be submitted on a plain sheet of paper. (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

For those members attending the Conference a Delegate Pack will be sent out **as soon as possible after the closing date**.

Yours sincerely

Eileen Dinning

EILEEN DINNING
Scottish Equalities' Officer

Encs

**SCOTTISH BLACK MEMBERS GROUP
ANNUAL GENERAL MEETING
TO BE HELD ON SATURDAY 9 JANUARY 2010
BOARDROOM, ROYAL VICTORIA HOSPITAL, 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:

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

BY NO LATER THAN FRIDAY 18 DECEMBER 2009

**SCOTTISH BLACK MEMBERS GROUP
ANNUAL GENERAL MEETING
TO BE HELD ON SATURDAY 9 JANUARY 2010
BOARDROOM, ROYAL VICTORIA HOSPITAL, EDINBURGH**

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:

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

BY NO LATER THAN FRIDAY 4 DECEMBER 2009



***SCOTTISH BLACK MEMBERS GROUP
ANNUAL GENERAL MEETING
TO BE HELD ON SATURDAY 9 JANUARY 2010
BOARDROOM, ROYAL VICTORIA HOSPITAL, EDINBURGH***

MOTION

The above Motion is submitted by:

BRANCH:

ADDRESS:

**SIGNATURE OF
BRANCH SECRETARY:**

PLEASE COMPLETE AND RETURN TO:

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Campbell Street, Glasgow, G2 6RX**

BY NO LATER THAN FRIDAY 4 DECEMBER 2009

**SCOTTISH BLACK MEMBERS GROUP
ANNUAL GENERAL MEETING
TO BE HELD ON SATURDAY 9 JANUARY 2010
BOARDROOM, ROYAL VICTORIA HOSPITAL, EDINBURGH**

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:

Eileen Dinning, Scottish Equalities' Officer, UNISON, UNISON House, 14 West Campbell Street, Glasgow, G2 6RX **By no later than FRIDAY 18 DECEMBER 2009**

**SCOTTISH BLACK MEMBERS GROUP
ANNUAL GENERAL MEETING
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BOARDROOM, ROYAL VICTORIA HOSPITAL, EDINBURGH**

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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**SCOTTISH BLACK MEMBERS GROUP
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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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**SCOTTISH BLACK MEMBERS GROUP
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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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**SCOTTISH BLACK MEMBERS GROUP
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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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**SCOTTISH BLACK MEMBERS GROUP
ANNUAL GENERAL MEETING
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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**

(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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