

REGISTRATION FORM

Healthcare Assistants Conference

TUC Congress House, Great Russell Street, London WC1B 3LS

22 July 2008



Please print information clearly - one delegate per form only

1) Your details

Name	
Address	
Postcode	
E-mail	
Contact no	
Employers' Name & Address	
Job title	
Branch Name & Number	
Region	

Please tick box if you wish your e-mail to be added to the UNISON HCA e-mail network and receive all the latest UNISON news bulletins on the key issues facing healthcare assistants

2) Next of kin details - for health and safety reasons this information is needed

Name of next of kin	
Contact no of next of kin	

3) Payment details

Cheques should be made payable to UNISON and must accompany the registration form. One registration form should be submitted per person. You will receive confirmation from us if you have secured a place and only then would your payment be actioned. Please tick the appropriate box in the final column of the table below, which shows the fees payable for different types of delegates.

Delegate type	Cost	Cheque enclosed (please tick appropriate box below)
UNISON members	£20.00	
Non-UNISON union member	£35.00	
Health worker on professional register or manager	£50.00	

If you are a non-UNISON union member, please indicate which trade union you belong to below:

RCN GMB Unite Other

I understand that payments must be enclosed and that my place at this conference is subject to receipt of these monies. I also understand that my registration is subject to written confirmation.

Signature: -----

Name:-----

4) Return of forms

All registration forms must be returned no later than 7 July 2008 to Gail Adams, Head of Nursing, UNISON, 1 Mabledon Place, London, WC1H 9AJ or email gail.adams@unison.co.uk fax 0207 551 1354.

5) Equality monitoring information

UNISON is committed to equality and aims to ensure equal access and opportunities for all, irrespective of gender, marital status, ethnic origin, religion, disability, sexual orientation or age.

In order to assist UNISON in monitoring its Equal Opportunities Policy, we would be grateful if you would take the time to complete this questionnaire.

Please tick or circle as appropriate

Are you (please circle): Male / Female

Your age (please circle): 17-26 27-38 39-50 50+

Do you consider yourself to have a disability? Yes / No

Do you have any specific needs relating to this?
Please specify:

Do you require materials in a different format? Yes / No
Please specify: (eg large print/Braille)

Which ethnic group do you most identify with?

- | | | |
|--------------------------------------|--------------------------------------|--|
| Bangladeshi <input type="checkbox"/> | Chinese <input type="checkbox"/> | Black African <input type="checkbox"/> |
| Indian <input type="checkbox"/> | White UK <input type="checkbox"/> | Black Caribbean <input type="checkbox"/> |
| Pakistani <input type="checkbox"/> | White Irish <input type="checkbox"/> | Black UK <input type="checkbox"/> |
| Asian UK <input type="checkbox"/> | White Other <input type="checkbox"/> | Black Other <input type="checkbox"/> |
| Asian Other <input type="checkbox"/> | | |

Any Other Ethnic Background:.....

Please include any other cultural information you wish to: