

Access All Areas in Scotland

The newsletter for UNISON Scotland Disabled Members



Issue 2 AGM Special

* AGM SPECIAL *

SCOTTISH DISABLED MEMBERS SELF ORGANISED GROUP

ANNUAL MEETING

SATURDAY 9 NOVEMBER 2013

STUC OFFICES, 333 WOODLANDS ROAD, GLASGOW G3 6NG

The AGM of the Scottish Disabled Members' Self Organised Group will take place on the above date. The AGM is open to all disabled members of UNISON in Scotland and we ask you to circulate this widely in your Branch and to promote participation as best you can.

MOTIONS

Motions are invited from Branches and should be made on the attached form.

DELEGATES

Delegates should complete the attached form, including details of special requirements e.g. Induction Loop, Signer, Large Print etc. If delegates require crèche facilities please use the separate form provided. The building selected is accessible for wheelchair users and can provide Induction Loop and Parking. We aim to respond positively to all requirements therefore please detail.

EXPENSES

Branches are required to pay delegates' travel and subsistence costs, including Personal Assistant if required. Delegates are also entitled to attend on a self-financing basis. However in recognition of UNISON's Constitution and Rules, and Conference decisions, we do expect full support to be given by Branches to enable disabled members to participate and attend the AGM. If any member cannot attend due to their Branch being unable to support them financially please contact us to see what can be arranged.

LUNCH

Please note lunch will be provided.

ELECTION OF SCOTTISH DISABLED MEMBERS COMMITTEE

Branches are invited to submit nominations for the Scottish Disabled Members' Committee as follows:

1. Chairperson & Vice-Chairperson - One of whom must be a woman
2. Secretary
3. Scottish Disabled Members Committee (12) - 6 of which must be women
4. Representative on the National Disabled Members Committee (2) - One of whom must be a woman,

If anyone wishes to have more detail of what is involved in becoming a member of the Scottish Disabled Members Committee please contact any member of the Committee or Eileen Dinning, Scottish Equalities' Officer.

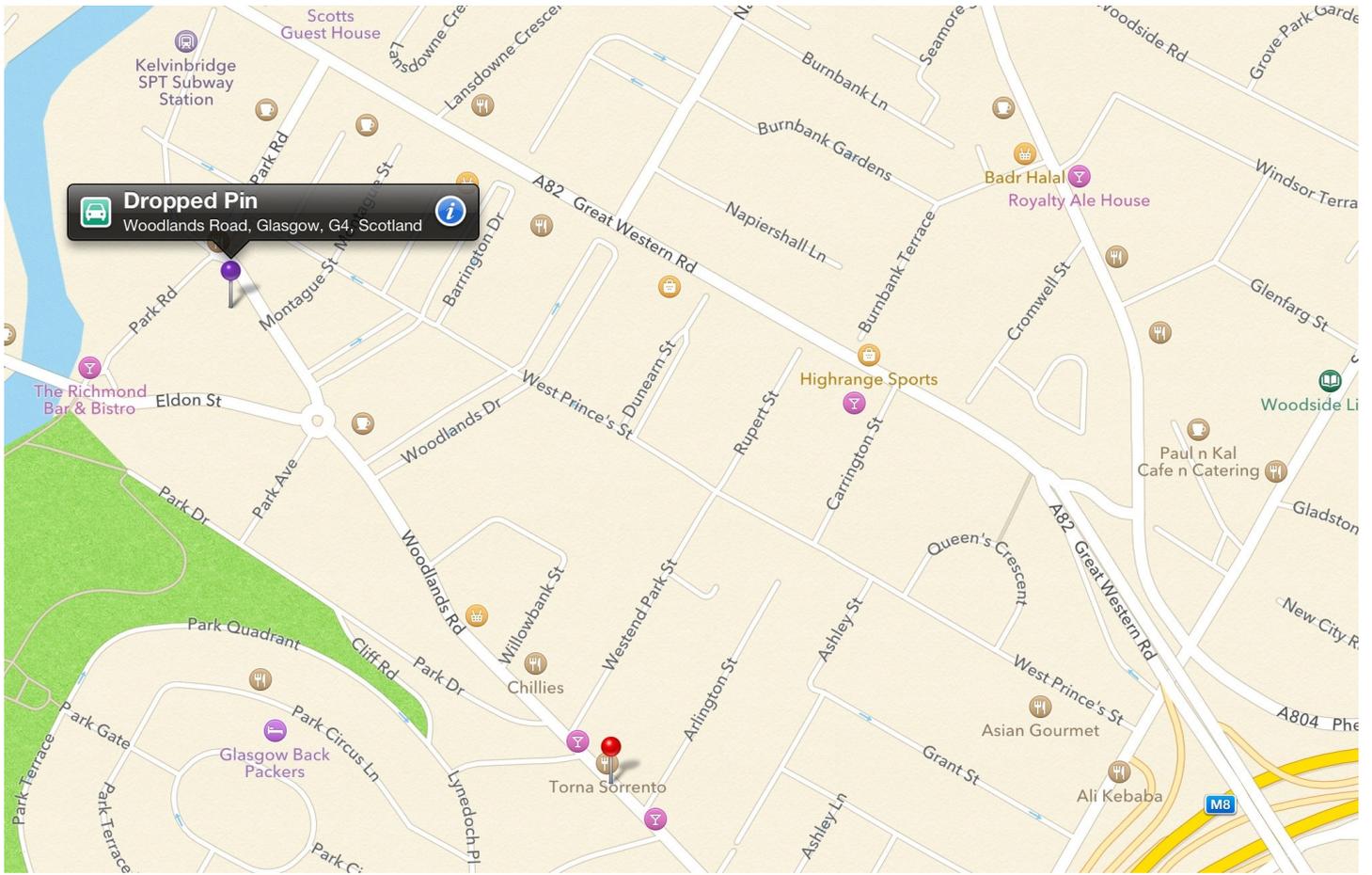
DELEGATE PACK

Further details will be sent out to Delegates in the week leading up to the AGM.

Return **ALL** forms to Margaret Cusack, UNISON House, 14 West Campbell Street, Glasgow G2 6ER **by FRIDAY 18 OCTOBER 2013.**



STUC, 333 Woodlands Road, Glasgow, G3 6NG



Join our Mailing List?

If you would like to Join our Mailing List please forward your full details to Eileen Dinning, UNISON Scotland Equalities Officer, UNISON House, 14 West Campbell Street, Glasgow, G2 6RX. Email e.dinning@unison.co.uk





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MOTIONS

Any Branch wishing to submit a Motion to the Scottish Disabled Members' Self Organised Group Annual Forum should use this form. Attach motion on separate sheet if more space required.

MOTION:

SUBMITTED BY BRANCH _____

BRANCH SECRETARY _____

ADDRESS _____

SIGNATURE OF BRANCH SECRETARY _____

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DELEGATE FORM

NAME _____

ADDRESS _____

PHONE NO/E-MAIL _____

BRANCH _____

SIGNED _____

If you have any specific requirements, including dietary, please detail these below e.g. Induction Loop, large print etc.

NB. Separate form for crèche

This application has been approved by the Branch Secretary and the Branch *will/will not pay travel and subsistence: (delete as appropriate)

SIGNED _____

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DELEGATES CRECHE REQUEST

NAME: _____

ADDRESS: _____

TEL. NO: _____

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 crèche workers and/or a doctor feels this to be necessary.

SIGNATURE DATE

RELATIONSHIP TO CHILD

Please complete and return to Margaret Cusack, Unison House, 14 West Campbell Street, Glasgow G2 6ER

by no later than FRIDAY 18 OCTOBER 20



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**NOMINATION FORM: REPRESENTATIVE ON THE NATIONAL
DISABLED MEMBERS COMMITTEE (2)
One of which must be a woman**

Our Branch wishes to nominate for the position of **REPRESENTATIVE
ON THE NATIONAL DISABLED MEMBERS COMMITTEE:**

NAME: _____

ADDRESS: _____

PHONE NO / EMAIL _____

NAME: _____

ADDRESS: _____

PHONE NO / EMAIL _____

NAME OF BRANCH: _____

**SIGNATURE OF BRANCH
SECRETARY:** _____

If you wish to provide a supporting statement please attach on a plain sheet of paper.

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**NOMINATION FORM: MEMBERS OF THE SCOTTISH DISABLED MEMBERS COMMITTEE (12)
6 of which must be women.**

Our Branch wishes to nominate for the position of **MEMBER OF THE SCOTTISH DISABLED MEMBERS COMMITTEE:**

NAME: _____

ADDRESS: _____

PHONE NO / EMAIL _____

NAME: _____

ADDRESS: _____

PHONE NO / EMAIL _____

NAME: _____

ADDRESS: _____

PHONE NO / EMAIL _____

NAME:

ADDRESS:

PHONE NO / EMAIL

NAME OF BRANCH:

**SIGNATURE OF BRANCH
SECRETARY:**

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NOMINATION FORM: CHAIRPERSON

Our Branch wishes to nominate for the position of **CHAIRPERSON** of the Scottish Disabled Members Committee:

NAME: _____

ADDRESS: _____

PHONE NO / EMAIL _____

NAME OF BRANCH: _____

SIGNATURE OF BRANCH SECRETARY: _____

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NOMINATION FORM: VICE - CHAIRPERSON

Our Branch wishes to nominate for the position of **VICE - CHAIRPERSON** of the Scottish Disabled Members Committee:

NAME: _____

ADDRESS: _____

PHONE NO / EMAIL _____

NAME OF BRANCH: _____

SIGNATURE OF BRANCH SECRETARY: _____

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NOMINATION FORM: SECRETARY

Our Branch wishes to nominate for the position of **SECRETARY** of the Scottish Disabled Members Committee:

NAME:

ADDRESS:

PHONE NO / EMAIL

NAME OF BRANCH:

**SIGNATURE OF BRANCH
SECRETARY:**

If you wish to provide a supporting statement please attach on a plain sheet of paper

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