

Nomination form for Module 3 courses

YOUR COURSE

Title of workshop / master class

Date of workshop / master class

Location of workshop / master class

YOUR DETAILS

Your name

Type of representative

(i.e. steward, safety representative, learning representative)

Home address

Telephone number

Email address

RCN membership number

Branch

(this is on your membership card)

Workplace address

The sector you work in NHS Independent Other

Your signature Date:

Mentor signature Date:

Mentor name
(please print)

YOUR TRAVEL

The RCN will cover travel and accommodation requirements in compliance with the RCN expenses policy. Please help us to establish your requirements by completing the following:

• Your nearest railway station

• How do you travel to the station?

• What is your average journey time to the station?

WHERE TO SEND YOUR FORM

Post your form to: Pam D'Silva / Annette Inett, Representing and Influencing Team, RCN West Midlands Office, Lyndon House, 58-62 Hagley Rd, Edgbaston, Birmingham, B16 8PE **or fax to:** 0121 455 6270