

Nomination form for Module 2 courses

YOUR COURSE

Title of module	<input type="text"/>
Date of module	<input type="text"/>
Location of module	<input type="text"/>

YOUR DETAILS

Your name	<input type="text"/>
Type of representative (i.e. steward, safety representative, learning representative)	<input type="text"/>
Home address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Telephone number <input type="text"/>
Email address	<input type="text"/>
RCN membership number	<input type="text"/>
Branch (this is on your membership card)	<input type="text"/>
Workplace address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

The sector you work in NHS Independent Other

Your signature	<input type="text"/>	Date:	<input type="text"/>
Mentor signature	<input type="text"/>	Date:	<input type="text"/>
Mentor name (please print)	<input type="text"/>		

A signature from your mentor indicates that you can demonstrate you have completed the learning outcomes within module 1 as outlined in the prospectus

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 Road, Edgbaston, Birmingham, B16 8PE **or fax to:** 0121 455 6270