

Course Application Form (To be returned to Head Office)

| | |
|-------------------------|--|
| PART A | All sections must be completed using BLOCK CAPITALS |
| Course Title | |
| Course Dates | |
| Name | |
| Membership No. | |
| Address | |
| | |
| Postcode | |
| Branch | |
| Telephone (Home) | |
| Telephone (Work) | |

Please indicate any special dietary requirements: (Please circle as appropriate)

Vegetarian Vegan Halal Kosher Other (Please specify)

Food Allergies/intolerances (Please specify)

Diabetic/Insulin dependent (Please specify)

Do you require accommodation? Yes/No

Do you require a Rail Travel Warrant? Yes/No

| | |
|-------------------|--|
| PART B | This must be signed by your employer to confirm that you have paid release for the above dates, without this you will not be considered for the course. |
| Signed | |
| Position | |
| Print Name | |
| Date | |

Bakers Food & Allied Workers Union

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