

# ICTU TRAINING COURSES APPLICATION FORM

## PART 1

Surname \_\_\_\_\_ Mr/Mrs/Miss/Ms \_\_\_\_\_

Forename \_\_\_\_\_ Daytime Tel No (incl STD code) \_\_\_\_\_

Mobile No \_\_\_\_\_

Home Address \_\_\_\_\_

Employer \_\_\_\_\_

Office Address \_\_\_\_\_

Email Address \_\_\_\_\_

NIPSA Branch Number

NIPSA Membership Number

## PART 2

Course Applied For:

\_\_\_\_\_ Course Code \_\_\_\_\_ Date(s) \_\_\_\_\_

Present Branch Office Held \_\_\_\_\_

Special Requirements, if any \_\_\_\_\_

Previous ICTU Courses attended \_\_\_\_\_  
(Please give year if possible)

*I am a fully paid up member of my Union*

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Counter Signature \_\_\_\_\_ Full-time Official (Training Officer)

## PART 3

For Office Use Only

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This form should be completed and returned to:-  
The Training Officer,  
NIPSA, Harkin House, 54 Wellington Park, Belfast BT9 6DP  
Telephone: 028 9066 1831 • Fax: 028 9066 5847

