

Training Course Application

You can type directly onto this form. Please fill in your personal details below. **Once completed in full, save a copy to your computer and then please email to your Branch Secretary or Branch Chairperson as they must endorse your application.** Any queries, please contact NIPSA Training Officer on 028 9066 1831

[Reset](#)

Part 1

1. Surname:				☐	☐	☐	☐
				Mr.	Mrs.	Miss.	Ms.
2. Forename(s): (in full)							
3. Branch No.		4. Membership No.					
5. Home Address:							
Postcode:							
Contact	Work	Home		Mobile			
6. Telephone:							
7. Email:							
8. Do you work? (tick applicable)	Full Time ☐	Part Time ☐	Job Share ☐	Term Time ☒			
9. Employer:							
10. Office Address: (in full)							
Postcode:							

Part 2

1. Course applied for:	Date(s):
2. Present Branch office held:	
3. History of union membership: (NIPSA and other unions)	
4. Previous NIPSA Courses attended: (Please give year if possible)	
5. Signature of Branch Secretary/Chairperson:	

To the Branch Secretary/Chairperson: Please send this form to training@nipsa.org.uk indicating you are happy to endorse this application. Any queries, please contact NIPSA Training Officer on 028 9066 1831.