

**Appointment of Delegates to Regional Self Organised Groups.**

**Delegate appointed by:**

**Branch Name …………………………………. Branch Code………………………..**

**Branch Membership........................................**

**1- 2,999 members up to 3 delegates**

**3,000 – 3,999 members up to 4 delegates**

**4,000+ members up to 5 delegates**

**All delegations should comply with fair representation and proportionality.**

We use this information to add you to the membership list for this group.

Most correspondence for the self organised groups is sent by e-mail. Please provide a valid e-mail address for communications as required in conjunction with your membership of this group. If you do not have access to an e-mail account, other arrangements can be made.

This information tells us if you have any specific access requirements that will help you to fully participate in the SOG.

**Delegate details**

Name: ......................................................

Membership Number ......................................................

Daytime Telephone Number: ......................................................

E-mail ......................................................

Access requirements ......................................................

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**Branch Approval – this section should be completed by the nominating Branch.**

This nomination is supported and authorised by Branch.

Any travel and/or subsistence expenses in relation to the delegate attending normal meetings of the group will be paid by the branch.

Signed ................................................................... Date .........................................................

Print Name............................................................. Branch Position:........................................

 

**Declaration and signature**

I wish to join the **Black Members / Disabled Members / LGBT / Women’s Group** *(delete as appropriate)* and confirm that I identify as a member of this group and agree to receiving information in relation to this group.

Signed ................................................................... Date .........................................................

If you are not out to your branch, please tick here

....... and return this form to the regional contact below who will liaise with your branch, maintaining your anonymity.

Please return completed form to the regional office: UNISON, Commerce House, Wade Lane, Leeds, LS2 8NJ

Black Members - Kath Ruth(k.ruth@unison.co.uk

Disabled Members & Women’s – Jo Turnbull (j.turnbull@unison.co.uk)

LGBT – Clare O’Hare (c.o’hare@unison.co.uk)