

PCS Proud Stage Two Training application form



Closing date for applications **8 February 2006** – all information will be held in the strictest confidence

Surname

Forename

Age

Gender

Please define your sexuality

Address for mailing

Email

Daytime Telephone No.

Group (DWP, IR etc)

Union position

Special Requirements

Medical conditions we need to be aware of:

Smoker

Non-smoker

Creche Facilities required?

I would like to attend this course because...

Please insert your PCS Membership number below.

Application forms without this number will not be accepted

PCS Membership No.

ETHNIC MONITORING

PCS is committed to promoting equal opportunities . To this end we are conducting a voluntary survey of all applicants

Black African

Black Caribbean

Irish

UK/European

Chinese

Asian

Other (please specify)

Return this form to:

Jude Jackson
PCS Union Room
C/O Land Registry
Leicester Office
Westbridge Place
Leicester, LE3 5DR

Email:
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