

# PCS Disabled Members Seminar 2016

## Birmingham 23-24 April 2016

### application form



Closing date for applications Wednesday 6 April 2016 – all information will be held in the strictest confidence

**ALL DETAILS MUST BE COMPLETED FULLY IN BLOCK CAPITALS**

Please insert your PCS Membership number below (**must be completed**). Application forms without this number will not be accepted.

**PCS Membership No.**

**Surname**

**Forename**

**Personal and Work Email Addresses** *(All seminar correspondence will be sent via email unless otherwise requested)*

**Daytime Telephone No.**

**Mobile Telephone No.**

**Name of Employing Dept./Agency and Region**

**Are you able to travel from your home to the seminar on a daily basis?**

Yes ☐ No ☐

**Have you attended the Disabled Members Seminar previously?**

Yes ☐ No ☐

**Would you be willing for us to pass on your contact details to other seminar delegates or PCS Reps?**

Yes ☐ No ☐

**Please state specific/accessibility needs (which we need to be aware of), dietary needs, interpreter support, prayer facility etc. that will help you participate in the seminar.**

**If required, please state name of personal assistant/carer/person sharing**

**Will they require a separate/adjoining room?**

Yes ☐ No ☐

**Please provide name, gender and age of child/ren if creche facilities are required?**

**No. of Child/ren :** ☐

**Name/Age/Gender**  
**Name/Age/Gender**

**Return this form to:**

PCS, Equality Department **Email:**  
160 Falcon Road equality@pcs.org.uk  
London **Fax:**  
SW11 2LN 020 7801 2683

**Please also help us to keep our membership records up to date by completing and returning the attached monitoring form**

**Please explain briefly using the supporting statement form why you want to attend the seminar. This information is used for selection process.**