



**SOUTHERN
REGION**

TO: WORKPLACE ORGANISERS

22 December 2023

Course: Organising for School Workplace Organisers
**Date: 6 x Mondays on 15th, 22nd, 29th January 2024
& 5th, 19th & 26th February 2024**
Venue: Online via Zoom (details to be sent)
Times: Starts at 5pm and concludes at 6.30pm each day

Dear Colleague,

We are pleased to invite you to the above six-day course, which will be held on Monday evenings over six weeks (except for the half term week). The training will be delivered online via Zoom and the link will be sent nearer the time.

Please find enclosed a Course Acceptance Form and an Employer Release Form, **which must be completed and returned to secure your place on the course.** Most of you will not need to secure release as it will be delivered outside of your contracted hours, however, if your hours cover the time the course is run, you will need to get the ER Form completed.

One to two weeks before the course we will contact those who have accepted their place with a course confirmation email and final details for the course.

If you have any queries regarding your training, please contact the Regional Education Department.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Alan Fraser', written over a horizontal line.

ALAN FRASER
REGIONAL EDUCATION OFFICER

GMB BRITAIN'S GENERAL UNION – SOUTHERN REGION

Cooper House, 205 Hook Road, Chessington, Surrey, KT9 1EA. Tel: 020 8397 8881
Regional Secretary: Justin Bowden General Secretary: Gary Smith



COURSE ACCEPTANCE FORM OFS1-5/001

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MEMBERSHIP NUMBER:

NAME:

ADDRESS (including postcode):

TELEPHONE NUMBERS (home/work/mobile):

EMAIL ADDRESS (private email):

I WILL / WILL NOT BE ATTENDING THE COURSE (If not, please indicate the reason why)

EMPLOYER/WORKPLACE:

HAVE YOU SECURED PAID RELEASE TO ATTEND THIS COURSE? YES / NO

HAS YOUR EMPLOYER / LINE MANAGER COMPLETED THE EMPLOYER RELEASE FORM? YES / NO

DO YOU REQUIRE OVERNIGHT ACCOMMODATION?
Overnight accommodation will only be considered and authorised in exceptional circumstances, ie. if you have a disability or have too far to travel. NOT APPLICABLE

DO YOU HAVE ANY SPECIAL REQUIREMENTS OR LEARNING SUPPORT NEEDS?
If yes, please give details and tell us what specific measures would help you to participate in the course. YES / NO

**Please complete and return this form to the Regional Education Department
via email to educationso@gmb.org.uk or via post to
GMB, Cooper House, 205 Hook Road, Chessington, Surrey, KT9 1EA.**



EMPLOYER RELEASE FORM

OFS1-5/001

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NAME OF WORKPLACE REP:

EMPLOYER/WORKPLACE:

I CONFIRM THAT IT IS OUR INTENTION TO GRANT PAID RELEASE FROM WORK FOR THE ABOVE REPRESENTATIVE.

SIGNED ON BEHALF OF THE EMPLOYER:

Please sign and print name here

POSITION WITH THE COMPANY:

DATE:

IF PAID RELEASE HAS NOT BEEN GRANTED, PLEASE STATE THE REASON BELOW:

Your attention is drawn to the legal rights that Trade Union Representatives have to attend Training Courses with pay (ACAS Code of Practice – “Time Off for Trade Union Duties & Activities”).

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