

Course application form

Photocopy this form, complete and return to the education officer at:

TSSA headquarters
Walkden House
10 Melton Street
London NW1 2EJ

Before completion

- ensure that the course you are applying for fits within your Zone.

Course(s) applied for

Date	Venue	Course
.....
.....
.....

Your name

Your address.....

.....Postcode

Telephone numberMembership number

Type of rep

Workplace

Name of your Company Council rep.....

Number of members you organise around

Please indicate if you have any requirements regarding access to, or on, the course

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