

**Course Preference Form**

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| --- | --- |
| **Name** |  |
| **UNISON Branch – if applicable** |  |
| **Occupation** |  |
| **Employer** |  |
| **E-mail** |  |

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| --- | --- | --- |
| **Course** | **Date/Time** | **Course You Wish to Attend ( x )** |
| **Mental Health Awareness** | **22/6/21 – 9.30am to 12.30pm** |  |
| **Mental Health Awareness** | **23/6/21 – 9.30am to 12.30pm** |  |
| **Mental Health Awareness** | **24/6/21 – 1pm to 4pm** |  |

**These Courses will be delivered online via TEAMS and are extremely popular.**

**If you are unsuccessful in securing a place you will be put on our priority list for future courses.**

**Please return Form to** [**memberlearningscotland@unison.co.uk**](mailto:memberlearningscotland@unison.co.uk) **by 11/6/21**