



THIRD LEVEL GRANT SUPPORT SCHEME  
TO SUPPORT UNION REPRESENTATIVES

APPLICATION FORM 2017/18

Name (block capitals).....

Address (block capitals).....

.....

Daytime Phone No: .....IMPACT Branch.....

Employer (Name/Address).....

.....Employer/Staff No: .....

ROLE AS UNION REPRESENTATIVE<sup>1</sup>

Are you currently a union representative? YES  NO

Were you formerly a union representative? YES  NO

Please set out brief details of your role (now or in the past) as a union representative<sup>2</sup>:

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.....  
.....  
.....

COURSE DETAILS

Course Title (Attach Syllabus): .....

College/Educational Institute: .....

Address (of College etc.): .....

Course Fee 2017/18: € ..... (Attach written verification from College etc.)

Course Year (1<sup>st</sup>, 2<sup>nd</sup> etc): .....

Has your employer agreed to financially support this course? YES  NO

Details of financial assistance from employer or other agency (do not leave blank - if "none" state this)

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<sup>1</sup> In this context, a union representative role includes performing any role on behalf of their union colleagues within the union at workplace, branch, vocational group or other level.

<sup>2</sup> Continue this note on a separate page if necessary

## RELEVANCE OF COURSE

Please outline why this participating in this course will assist you in your role as a union representative. [If you are now or were not a union representative in the past please set out why the union should consider financially supporting your attendance at this course]<sup>3</sup>

*[This section is mandatory and must be completed]*

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SIGNED:.....DATE.....

## RECOMMENDATION OF UNION BRANCH

*(This must be completed before submission to the union)*

The (insert name of) ..... Branch supports the above application.

SIGNED..... (Branch Officer)

DATE.....

## ATTACHMENTS

The following attachments *must* be enclosed with this application:

- Course Syllabus
- Verification of course fees
- A copy of the application to your employer for funding for this course and the reply giving details of amount, if any, of the funding to be provided.
- Details of funding towards the course costs from any other agency

### NOTE:

*The application cannot be considered unless it is completed in full and all relevant details provided/attached and received before the date below.*

Applications should be sent to:      3<sup>rd</sup> Level Grant Support Scheme  
Membership Services Committee  
IMPACT  
Nerney's Court  
Dublin 1

to arrive not later than 5.30 pm on Friday 27<sup>th</sup> October 2017. Applications received after that time/date – irrespective of reason – will not be considered.

<sup>3</sup> Continue this note on a separate page if necessary