DELEGATE TO SPECIAL DELEGATE CONFERENCE 2022

#### Please complete ALL areas of this form

Name of Branch/SOG………………………………………………Branch Number………

Name of Delegate………………………………………………………………………….……

In Person/Online………………………………………………………………………….……

Full Postal Address……………………………………………………………………………..

……………………………………………………………………Post Code……………………

Telephone No………………………...…………E-Mail ......………....…………………………

Employed, Self Employed or Retired?…………………………………………………….

Are you a TSSA Rep? If so please specify………………………………………………

* Do you consider yourself to have a disability? Yes/No
* If yes, please give brief details on how we can assist during Conference, i.e. do you require a hearing loop or large print documents?

………………………………………………………………………………………………………..

………………………………………………………………………………………………………..

* Branches may send ONE delegate for each 200 members or fraction thereof in the Branch, but no Branch can send more than TWO delegates.

Signed……………………………….. Signed…………………………….

(Branch/SOG Correspondence Secretary) (Branch/SOG Chair)

It may be necessary to pass on information to a third party with regard to the provision of facilities at the Conference Hall. Any such transfer of information that identifies an individual will be made only where necessary & subject to safeguards. Information provided on disabilities will be processed and retained by TSSA only in connection with Annual Conference.

Please e-mail rather than post the form. This form must be received by or e-mailed to supportservices@tssa.org.uk by Friday 4 March 2022

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It may be necessary to pass on information to a third party with regard to the provision of facilities at the Conference Hall. Any such transfer of information that identifies an individual will be made only where necessary & subject to safeguards. Information provided on disabilities will be processed and retained by TSSA only in connection with Annual Conference.

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