**Expression of interest in participating in online learning**

**Union to complete:**

|  |  |
| --- | --- |
| Name of Course | Bereavement/Grief Awareness |
| Union Name | UNISON |
| Name of Provider | Cruse Bereavement Care Scotland |
| Date You wish to attend |  |

Your union and the training provider delivering this online course will protect the personal data provided below in compliance with all current data protection and equalities legislation and will not share it with a third party.

**Course participant declaration:**

I confirm my interest in the above online course and undertake to participate and to complete the course registration, equalities information and evaluation forms that will be sent to me by the named provider.

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|  |

Please insert an X in the box provided

|  |  |
| --- | --- |
| My name: |  |
| My email address: |  |
| Device I will use to access course: e.g. phone/ipad/pc |  |

I confirm that the details provided above can be shared with the training provider delivering the online course.

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Please insert an X in the box provided