SOG/BM/PH/DA

 Peter Hunter/Delia Atherton

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# TO: ALL BRANCH SECRETARIES

Copy for information:

Scottish Black Members Committee

Self Organised Group Contacts

Branch Equalities Officers

Mailing List

16 August 2016

Dear Colleague

SCOTTISH BLACK MEMBERS AGM: SATURDAY 12 NOVEMBER 2016

UNISON, 14 WEST CAMPBELL ST, GLASGOW, G2 6RX

I am writing to confirm that the Annual General Meeting of the Scottish Black Members Group will take place on **Saturday 12 November 2016 from 10.30 am until 1.00 pm approximately** in the UNISON office, 14 West Campbell Street, Glasgow, G2 6RX.

I would ask that you bring this correspondence to the attention of **all** black members in your branch and encourage them to attend.

Anyone wishing to attend should complete a Delegate Form as attached and return to Delia Atherton either by email (d.atherton@unison.co.uk) , or by post to UNISON House, 14 West Campbell Street, Glasgow G2 6RX **by Friday 14 October 2016.**

In order to make the necessary arrangements, delegates requiring crèche facilities should complete appropriate form and **by Friday 14 October 2016.**

It should be noted that branches are responsible for paying for travel and subsistence costs. However, the Scottish Black Members Committee will provide lunch just after the AGM closes at around 1.30 pm.

**New Committee**

Please note, for those elected to the new SBMC, a short Committee meeting will take place immediately following the AGM.

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Nominations for Members of the Scottish Black Members Committee

Anyone wishing to stand for Scottish Black Members Committee positions, detailed below, must complete the appropriate form and submit it **by no later than Friday 14 October 2016.**  Biographical details can be submitted on a plain sheet of paper if you wish. (Please note nominations for any committee position will be limited to two committee posts per individual.)

## List of Positions

Chairperson ) one of which must

Vice-Chairperson ) be a woman

Secretary ) one of which must

Membership Officer ) be a woman

Publicity and Campaigns Officer

Education Officer

Budget Officer

National Black Members Committee ) one of which must

(2 positions) ) be a woman

## Annual General Meeting Papers

A Delegate Pack will be sent out **approximately one week before the AGM.**

Yours sincerely

### P Hunter

**PETER HUNTER**

**Regional Manager**

Encls

 **S*cotland***

**SCOTTISH BLACK MEMBERS GROUP**

**ANNUAL GENERAL MEETING**

**TO BE HELD ON SATURDAY 12 NOVEMBER 2016**

**UNISON, 14 WEST CAMPBELL STREET, GLASGOW, G2 6RX**

**APPLICATION FORM FOR DELEGATES**

|  |  |
| --- | --- |
| **Branch:** |  |
| **Name:** |  |
| **Address:** |  |
| **Telephone Number:** |  |
| **Email address:** |  |
| **Gender:** |  |

**Signature of Branch Secretary**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any specific requirements, please give details (e.g. wheelchair accessibility etc)

|  |
| --- |
|  |

**Créche requests to be completed on separate form.**

Please complete and return to Delia Atherton (d.atherton@unison.co.uk) or post to UNISON, 14 West Campbell Street, Glasgow, G2 6RX **by no later than Friday 14 October 2016**

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**SCOTTISH BLACK MEMBERS GROUP**

**ANNUAL GENERAL MEETING**

**TO BE HELD ON SATURDAY 12 NOVEMBER 2016**

**UNISON, 14 WEST CAMPBELL ST, GLASGOW, G2 6RX.**

**DELEGATES CRÈCHE REQUEST**

|  |  |
| --- | --- |
| **Branch:** |  |
| **Name:** |  |
| **Address:** |  |
| **Telephone Numbers:** | Home: |  |
|  | Work: |  |
| Mobile: |  |
| **Email address:** |  |
| **Name(s) of child/children:** |  |
| **Age(s)** |  |
| **Male or Female:** |  |
| **Dates crèche required:** |  |
| **Details of any special requirements:** |  |

**NB: Only children up to the age of 16 can be eligible for Childcare.**

I hereby consent to child/children receiving medical treatment, e.g. plasters, antiseptic cream if crèche workers and/or doctor feels this to be necessary.

I confirm that I am the parent/legal guardian of the above child/children.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete and return to Delia Atherton (d.atherton@unison.co.uk) or post to UNISON, 14 West Campbell Street, Glasgow, G2 6RX **by no later than Friday 14 October 2016.**

 ***Scotland***

**SCOTTISH BLACK MEMBERS GROUP**

**ANNUAL GENERAL MEETING**

**TO BE HELD ON SATURDAY 12 NOVEMBER 2016**

**UNISON, 14 WEST CAMPBELL ST, GLASGOW, G2 6RX.**

**MOTION**

|  |
| --- |
|  |

The above Motion is submitted by:

|  |  |
| --- | --- |
| Branch: |  |
| Address: |  |
| Signature of Branch Secretary: |  |

Please complete and return to Delia Atherton (d.atherton@unison.co.uk) or post to UNISON, 14 West Campbell Street, Glasgow, G2 6RX **by no later than Friday 14 October 2016**.

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**SCOTTISH BLACK MEMBERS GROUP**

**ANNUAL GENERAL MEETING**

**TO BE HELD ON SATURDAY 12 NOVEMBER 2016**

**UNISON, 14 WEST CAMPBELL ST, GLASGOW, G2 6RX**

**ELECTIONS – SCOTTISH BLACK MEMBERS COMMITTEE**

**NOMINATION FOR CHAIRPERSON**

**(Individuals may be nominated for no more than two positions. Please use a separate form for each nomination). (Only one set of biographical details is required).**

|  |  |
| --- | --- |
| Full Name: |  |
| Address (for correspondence): |  |
| Telephone number: |  |
| Email address: |  |
| Gender: |  |
| Branch: |  |
| Geographical Location: |  |
| Service Group: |  |

Signature of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Branch Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete and return to Delia Atherton (d.atherton@unison.co.uk) or post to UNISON, 14 West Campbell Street, Glasgow, G2 6RX **by no later than Friday 14 October 2016.**

 **S*cotland***

**SCOTTISH BLACK MEMBERS GROUP**

**ANNUAL GENERAL MEETING**

**TO BE HELD ON SATURDAY 12 NOVEMBER 2016**

**UNISON, 14 WEST CAMPBELL ST, GLASGOW, G2 6RX.**

**ELECTIONS – SCOTTISH BLACK MEMBERS COMMITTEE**

**NOMINATION FOR VICE-CHAIRPERSON**

**(Individuals may be nominated for no more than two positions. Please use a separate form for each nomination). (Only one set of biographical details is required).**

|  |  |
| --- | --- |
| Full Name: |  |
| Address (for correspondence): |  |
| Telephone number: |  |
| Email address: |  |
| Gender: |  |
| Branch: |  |
| Geographical Location: |  |
| Service Group: |  |

Signature of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Branch Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SCOTTISH BLACK MEMBERS GROUP**

**ANNUAL GENERAL MEETING**

**TO BE HELD ON SATURDAY 12 NOVEMBER 2016**

**UNISON, 14 WEST CAMPBELL ST, GLASGOW, G2 6RX**

**ELECTIONS – SCOTTISH BLACK MEMBERS COMMITTEE**

**NOMINATION FOR SECRETARY**

**(Individuals may be nominated for no more than two positions. Please use a separate form for each nomination). (Only one set of biographical details is required).**

|  |  |
| --- | --- |
| Full Name: |  |
| Address (for correspondence): |  |
| Telephone number: |  |
| Email address: |  |
| Gender: |  |
| Branch: |  |
| Geographical Location: |  |
| Service Group: |  |

Signature of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Branch Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete and return to Delia Atherton (d.atherton@unison.co.uk) or post to UNISON, 14 West Campbell Street, Glasgow, G2 6RX **by no later than Friday 14 October 2016**.

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**SCOTTISH BLACK MEMBERS GROUP**

**ANNUAL GENERAL MEETING**

**TO BE HELD ON SATURDAY 12 NOVEMBER 2016**

**UNISON, 14 WEST CAMPBELL ST, GLASGOW, G2 6RX.**

**ELECTIONS – SCOTTISH BLACK MEMBERS COMMITTEE**

**NOMINATION FOR MEMBERSHIP OFFICER**

**(Individuals may be nominated for no more than two positions. Please use a separate form for each nomination). (Only one set of biographical details is required).**

|  |  |
| --- | --- |
| Full Name: |  |
| Address (for correspondence): |  |
| Telephone number: |  |
| Email address: |  |
| Gender: |  |
| Branch: |  |
| Geographical Location: |  |
| Service Group: |  |

Signature of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Branch Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete and return to Delia Atherton (d.atherton@unison.co.uk) or post to UNISON, 14 West Campbell Street, Glasgow, G2 6RX **by no later than Friday 14 October 2016**.

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**SCOTTISH BLACK MEMBERS GROUP**

**ANNUAL GENERAL MEETING**

**TO BE HELD ON SATURDAY 12 NOVEMBER 2016**

**UNISON, 14 WEST CAMPBELL ST, GLASGOW, G2 6RX.**

**ELECTIONS – SCOTTISH BLACK MEMBERS COMMITTEE**

**NOMINATION FOR PUBLICITY & CAMPAIGNS OFFICER**

**(Individuals may be nominated for no more than two positions. Please use a separate form for each nomination). (Only one set of biographical details is required).**

|  |  |
| --- | --- |
| Full Name: |  |
| Address (for correspondence): |  |
| Telephone number: |  |
| Email address: |  |
| Gender: |  |
| Branch: |  |
| Geographical Location: |  |
| Service Group: |  |

Signature of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Branch Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **S*cotland***

**SCOTTISH BLACK MEMBERS GROUP**

**ANNUAL GENERAL MEETING**

**TO BE HELD ON SATURDAY 12 NOVEMBER 2016**

**COMMITTEE ROOM 1, THE SCOTTISH PARLIAMENT, EDINBURGH**

**ELECTIONS – SCOTTISH BLACK MEMBERS COMMITTEE**

**NOMINATION FOR EDUCATION OFFICER**

**(Individuals may be nominated for no more than two positions. Please use a separate form for each nomination). (Only one set of biographical details is required).**

|  |  |
| --- | --- |
| Full Name: |  |
| Address (for correspondence): |  |
| Telephone number: |  |
| Email address: |  |
| Gender: |  |
| Branch: |  |
| Geographical Location: |  |
| Service Group: |  |

Signature of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Branch Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SCOTTISH BLACK MEMBERS GROUP**

**ANNUAL GENERAL MEETING**

**TO BE HELD ON SATURDAY 12 NOVEMBER 2016**

**UNISON, 14 WEST CAMPBELL ST, GLASGOW, G2 6RX**

**ELECTIONS – SCOTTISH BLACK MEMBERS COMMITTEE**

**NOMINATION FOR BUDGET OFFICER**

**(Individuals may be nominated for no more than two positions. Please use a separate form for each nomination). (Only one set of biographical details is required).**

|  |  |
| --- | --- |
| Full Name: |  |
| Address (for correspondence): |  |
| Telephone number: |  |
| Email address: |  |
| Gender: |  |
| Branch: |  |
| Geographical Location: |  |
| Service Group: |  |

Signature of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Branch Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **S*cotland***

**SCOTTISH BLACK MEMBERS GROUP**

**ANNUAL GENERAL MEETING**

**TO BE HELD ON SATURDAY 12 NOVEMBER 2016**

**UNISON, 14 WEST CAMPBELL ST, GLASGOW, G2 6RX.**

**ELECTIONS – SCOTTISH BLACK MEMBERS COMMITTEE**

**NOMINATION FOR NATIONAL BLACK MEMBERS COMMITTEE**

**SCOTTISH REPRESENTATIVE**

**(2 Places)**

**(Individuals may be nominated for no more than two positions. Please use a separate form for each nomination). (Only one set of biographical details is required).**

|  |  |
| --- | --- |
| Full Name: |  |
| Address (for correspondence): |  |
| Telephone number: |  |
| Email address: |  |
| Gender: |  |
| Branch: |  |
| Geographical Location: |  |
| Service Group: |  |

Signature of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Branch Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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