PLEASE COMPLETE ALL FORMS IN BLOCK CAPITALS

Personal Details

Mr ☐ Ms ☐

OFFICE USE ONLY
CWU NO. .....

Surname .....

Forename(s) .....

Date of Birth .....

Staff No. .....

Contact Details

Home Address .....

.....

.....

Mobile .....

Email .....

Employment Details

Name of Company .....

and Agency (if applicable) .....

Work Location .....

.....

Branch Name (if known) .....

Date of commencement with current employer ...../..... /.....

Current Grade/Job Title.....

PLEASE TICK ALL APPROPRIATE CATEGORIES

Current Status:

- ☐ **Managerial**
- ☐ **Non-Managerial**
- ☐ **Call Centre/Customer Care**
- ☐ **Retail**
- ☐ **Part-time**
- ☐ **Temporary**
- ☐ **Agency Worker**
- ☐ **Contractor**

Signature ..... Date .....

Branch Secretary ..... *(where applicable)*

Branch Name .....

SEPA DIRECT DEBIT MANDATE

Unique Mandate Reference

Credit Identifier: IE82ZZZ304979

PLEASE FILL OUT THE FORM IN BLACK CAPITALS

LEGAL TEXT: By signing this mandate form, you authorise (A) COMMUNICATIONS WORKERS' UNION to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from COMMUNICATIONS WORKERS' UNION.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks, starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Any personalised information provided by you to this Union will be used for purposes consistent with your membership of this Union. Your details will not be revealed by the Union to any external body, unless the Union has your permission, or is under a legal obligation to do so.

PLEASE COMPLETE ALL THE FIELDS BELOW MARKED *

*** Your Name:**

*** Your Address:** **Line 1** .....

Line 1 .....

*** City/Eircode:** *** Country:**

*** IBAN:**

*** BIC:**

PLEASE RETURN COMPLETED FORM TO:

Creditor's Name:	**Communications Workers' Union**
Creditor's Address line 1:	**William Norton House**
Creditor's Address line 2:	**575 North Circular Road**
Creditor's Address line 3:	**Dublin 1**
Country:	**Ireland**

TYPE OF PAYMENT: RECURRENT ✓

*** Signature(s):** .....

*** Date of Signing:** .....

What can We Do for You?

- Negotiate with your employer on your behalf on all matters
- Provide you with a personal service ranging from confidential, work-related information advice, to legal advice
- Assist you in your training and development needs and offer you a number of training courses free-of-charge
- Advise you on all issues related to Health and Safety
- Give you access to information on all aspects of your employment
- Keep you up-to-date and informed on developments in your sector via Union magazines, bulletins and a local presence in your workplace
- Include you in the bigger picture, as the CWU works on a national level with the Irish Congress of Trade Unions

DATA PRIVACY POLICY

We refer you to the CWU Data Privacy Policy. This Privacy Policy explains how the CWU processes personal data, and trade union membership as a special category of personal data, in accordance with the Data Protections Acts 1988-2018 and the General Data Protection Regulation (**"GDPR"**). This Privacy Policy may be amended and updated from time to time and can be accessed on the CWU website at **www.cwu.ie.**

Consent

Personal data disclosing an individual as a member of a trade union is a 'special category' of personal data under Data Protection law. In order for us to complete your CWU membership application, we require your explicit consent to the following process:

I agree that that CWU may disclose my name and bank details to my Bank to arrange monthly payment of my membership subscription by direct debit.

Signed:_____ Date:_____

You may withdraw your consent at any time by writing to CWU Data Protection Officer, 575 North Circular Road, Dublin 1 or by emailing privacy@cwu.ie