



By your side

Delegate Training Application Form

Please return to your organiser for approval by the appropriate Manager

NAME			
MEMBER NUMBER			
ARE YOU A NEW DELEGATE		<input type="checkbox"/> Yes, I am a new delegate <input type="checkbox"/> No, I am an existing delegate	
EMPLOYER			
BRANCH OF THE UNION			
HOME ADDRESS			
		POSTCODE	
CONTACT PHONE NO'S		W:	M:
EMAIL ADDRESS		W:	<input type="checkbox"/>
Type of Training to be undertaken		(Please tick only one box per form)	
NB: it is expected that Delegates would undertake Delegate Basics, they will then be considered for USU@WORK		<input type="checkbox"/> Delegate Basics <input type="checkbox"/> USU@WORK Level 1 <input type="checkbox"/> USU@WORK Level 2	
ROLE WITH UNION:		<input type="checkbox"/> Delegate <input type="checkbox"/> Contact <input type="checkbox"/> Other :	
NAME OF ORGANISER			
ACCOMMODATION		Will you require overnight accommodation?	
NB: Accommodation will be at the discretion of the Union.		<input type="checkbox"/> yes <input type="checkbox"/> no	
NB: The Union will provide lunch each day and an allowance for breakfast and dinner		If yes, are you willing to share?	
		<input type="checkbox"/> yes <input type="checkbox"/> no	

I give my undertaking to complete all Course Assessment requirements in the time allocated by the Trainer and to complete the Course.

Applicant's Signature:	Date:
Manager's Signature:	Date:
Training Officer's signature:	Date:

EUPS Delegates EA Clause reference:
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