

Delegate Training Application Form

NB: 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 <input type="checkbox"/> Contact <input type="checkbox"/> Other :		
EMPLOYER			
BRANCH OF THE UNION			
HOME ADDRESS			POSTCODE
MOBILE NUMBER	M		
EMAIL ADDRESS	W		
Type of Training (Please tick only one box per form)	<input type="checkbox"/> Delegate Basics <input type="checkbox"/> USU@WORK Level NB: it is expected that Delegates would undertake Delegate Basics, they will then be considered for USU@WORK		
NAME OF ORGANISER			
<u>Preferred</u> Date and Location – Please circle preference			
Date	Location	Date	Location
28-29 June	Wollongong	26-27 September	Kiama
5-6 July	Blacktown	11-12 October	USU@work - Wollongong
11-12 July	Sydney	25-26 October	USU@Work - Sydney
26-27 July	Orange	1-2 November	USU@Work - Rutherford
29-30 August	Sydney	22-23 November	Port Macquarie
5-6 September	Rutherford		

I give my commitment to the following:

- 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:	