

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			

Preferred Date and Location – Please circle top 2 preferences

Date	Location	Date	Location
19-20 June	Sydney	9-10 October	Sydney (USU@Work)
7-8 Aug	Wollongong	16-17 October	Wollongong (USU@Work)
14-15 Aug	Sydney	30-31 Oct	Rutherford (USU@Work)
28-29 August	Wagga Wagga	6-7 November	Tamworth
4-5 September	Rutherford	13-14 November	Wollongong
11-12 Sep	Sydney	20-21 November	Port Macquarie

I give my commitment to the following:

1. 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:
