|  |  |
| --- | --- |
|  | Delegate Training Application Form  July 2025 – December 2025  **NB: Please return to your organiser for approval by the appropriate Manager** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NAME | |  | | | | |
| MEMBER NUMBER | |  | | | | |
| ARE YOU A NEW DELEGATE | | ❒ Yes, I am a new delegate ❒ No, I am an existing delegate  ❒ Contact ❒ Other : | | | | |
| EMPLOYER | |  | | | | |
| BRANCH OF THE UNION | |  | | | | |
| HOME ADDRESS | |  | | | | |
|  | | POSTCODE | |  |
| MOBILE NUMBER | | M: | | | | |
| EMAIL ADDRESS | | E: | | | | |
| Type of Training  (Please tick only one box per form) | | ❒ Delegate Basics ❒ 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** | |
| 30-31 July | Rutherford | | 15-16 October | | Wagga Wagga | |
| 6-7 August | Rutherford (USU@Work) | | 22-23 October | | Tamworth | |
| 13-14 August | Sydney (USU@Work) | | 29-30 October | | Port Macquarie | |
| 27-28 August | Wollongong (USU@Work) | | 5-6 November | | Sydney | |
| 3-4 September | Sydney | | 12-13 November | | Wollongong | |

**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: |