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

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| 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 | Orange | | 5-6 November | | Sydney | |
| 3-4 September | Sydney | | 12-13 November | | Wollongong | |
| 1-2 October | Sydney (USU@Work) | |  | |  | |

**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.**

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| Applicant’s Signature: | Date: |
| USU Manager’s Signature: | Date: |
| USU Training Officer’s signature: | Date: |

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| EUPS Delegates EA Clause reference: |