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|  | Delegate Training Application FormJuly 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 LevelNB: 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: |