

Delegate Training Application Form 2026

NB: Please return to your organiser for approval by the appropriate USU 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	E:		
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
4-5 February	Sydney	22-23 July	Port Macquarie
18-19 February	Rutherford	5-6 August	Sydney
25-26 February	Wollongong	12-13 August	Rutherford
4-5 March	Sydney	19-20 August	Sydney (USU@Work)
18-19 March	Wagga Wagga	26-27 August	Rutherford (USU@Work)
22-23 April	Sydney (USU@Work)	2-3 September	Wollongong (USU@Work)
29-30 April	Rutherford (USU@Work)	14-15 October	Sydney
6-7 May	Sydney	21-22 October	Wagga Wagga
13-14 May	Tamworth	4-5 November	Tamworth
24-25 June	Orange	11-12 November	Sydney
1-2 July	Sydney	18-19 November	Wollongong

I give my commitment to complete all Course Assessment requirements, in the time allocated by the Trainer and to complete the Course.

Applicant's Signature:	Date:
USU Manager's Signature:	Date:
USU Training Officer's signature:	Date:
EUPS Delegates EA Clause reference:	