

## Delegate Training Application Form 2026

**NB: Please return to your organiser for approval by** the appropriate **USU Manager** 

MEMBER NUMBER  ARE YOU A NEW DELEGATE    Yes, I am a new delegate   No, I am an existing delegate     Contact   Other:	NAME						
EMPLOYER  BRANCH OF THE UNION  HOME ADDRESS  MOBILE NUMBER  E:  Type of Training (Please tick only one box per form)  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  Pebruary  Sydney  22-23 July  Port Macquarie  18-19 February  Rutherford  5-6 August  Sydney  19-20 August  Rutherford  4-5 March  Sydney  19-20 August  Rutherford (USU@Work)  18-19 March  Wagga Wagga  26-27 August  Rutherford (USU@Work)  29-30 April  Rutherford (USU@Work)  14-15 October  Sydney  13-14 May  Tamworth  4-5 November  1-2 July  Sydney  1	MEMBER NUMBER						
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SU Training Officer's signature: Date:	ppiicants Signature				Date.		
	SU Manager's Sign	ature:			Date:		
UPS Delegates EA Clause reference:	SU Training Officer'	SU Training Officer's signature:				Date:	
	UPS Delegates EA	Clause reference	 ce:				