

## COURSE DETAILS

## ENROLMENT FORM

|                 |  |
|-----------------|--|
| COURSE NAME     |  |
| COURSE DATES    |  |
| COURSE LOCATION |  |

### ENROLLEE'S DETAILS

|   |   |
|---|---|
| NAME <i>(in full)</i>   | PREFERRED FIRST NAME  |
| FULL POSTAL ADDRESS <i>(including street, suburb &amp; post code)</i> |   |
| HOME PHONE <i>(including area code)</i><br>(    )                     | EMAIL <i>(please PRINT clearly)</i>                                       |
| MOBILE  | WORK PHONE <i>(including area code)</i><br>(    )                         |
| WHAT IS YOUR PREFERRED LANGUAGE?                                      |   |
| <b>ARE YOU:</b>   |   |
| AN OHS REP <input type="checkbox"/>                                   | DEPUTY OHS REP <input type="checkbox"/> DATE ELECTED <input type="text"/> |

### EMPLOYER AUTHORISATION

*This section should be completed by your employer to authorise your paid training leave. **Enrolment confirmations will be sent by EMAIL / TEXT** where possible, to you and your employer after this form is received by UWU Training [see details below]*

|  |                    |
|--|--------------------|
| EMPLOYER   |                    |
| MANAGER'S NAME <i>[in full &amp; please PRINT clearly]</i> | MANAGER'S POSITION |
| EMAIL <i>[please PRINT clearly]</i>                        | PHONE [    ]       |
| SIGNATURE  | DATE               |

**SEND COMPLETED ENROLMENT FORMS TO**  
**EMAIL [training@unitedworkers.org.au](mailto:training@unitedworkers.org.au) or FAX [03] 9287 1718**

**If you have any queries, contact your organiser or UWU Training PH 03 9287 1777**