

## COURSE DETAILS

COURSE NAME	<b>2020 INTERNATIONAL WOMEN'S TRAINING DAY</b>	Ref 20-061
COURSE DATES	<b>THURSDAY 05 MARCH 2020 (BETWEEN 9.30AM - 5.00M)</b> Registrations start at 9.30am for a 10.00am start	<b>RSVP BY 02 MARCH</b>
COURSE LOCATION	<b>UWU OFFICE, 117 CAPEL STREET, NORTH MELBOURNE</b>	

## ENROLLEE'S DETAILS

NAME (full name)		PREFERRED FIRST NAME
FULL POSTAL ADDRESS (including street, suburb & post code)		
		POST CODE
HOME PHONE (including area code) ( )	EMAIL (please <b>PRINT</b> clearly)	
MOBILE	WORK PHONE (including area code) ( )	
<b>ARE YOU:</b>		
A Union Delegate <input type="checkbox"/>	An OHS Rep <input type="checkbox"/>	Date elected OHS Rep <input type="text"/>

## EMPLOYER AUTHORISATION

*This section must be completed by your employer to authorise your paid training leave. Enrolment confirmation will be sent by **EMAIL OR POST** to you and your employer after this form is received by the Training Department (see details below)*

EMPLOYER	
MANAGER'S NAME (in full & please <b>PRINT</b> clearly)	PHONE
MANAGER'S POSITION	
EMAIL (please <b>PRINT</b> clearly)	
SIGNATURE	DATE

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