

TRAINING ENROLMENT FORM



COURSE DETAILS

COURSE NAME	
COURSE DATES	
COURSE LOCATION	

ENROLLEE'S DETAILS

NAME IN FULL	MEMBERSHIP NO <small>[IF KNOWN]</small>
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FULL POSTAL ADDRESS <small>[INCLUDING STREET, SUBURB & POST CODE]</small>

OCCUPATION	EMAIL <small>[PLEASE PRINT CLEARLY]</small>
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MOBILE	HOME PHONE <small>[INCLUDING AREA CODE]</small>	WORK PHONE <small>[INCLUDING AREA CODE]</small>
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ORGANISER'S NAME	PREFERRED LANGUAGE
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ARE YOU
<input type="checkbox"/> AN OHS REP <input type="checkbox"/> DEPUTY OHS REP DATE ELECTED _____

TICK APPLICABLE BOX
<input type="checkbox"/> MY EMPLOYER has approved my paid training leave per the signature below OR
<input type="checkbox"/> I REQUEST UWU to contact my employer per details below to release me

EMPLOYER AUTHORISATION / RELEASE REQUEST DETAILS

EMPLOYER NAME

EMPLOYER ADDRESS / SITE

MANAGER'S NAME <small>[IN FULL & PLEASE PRINT CLEARLY]</small>	MANAGER'S POSITION
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EMAIL <small>[PLEASE PRINT CLEARLY]</small>	PHONE <small>[INCLUDING AREA CODE]</small>
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SIGNATURE	DATE
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Enrolment confirmation / release approval will be sent prior to the training starting by email or text.

SEND COMPLETED ENROLMENT FORMS TO

EMAIL training@unitedworkers.org.au or FAX [03] 9287 1718
If you have any queries, contact your organiser or UWU PH [03] 9287 1777



[@unitedworkersoz](https://www.instagram.com/unitedworkersoz)

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