

Enrolment Form

COURSE DETAILS

Course Name	
Course Dates	
Course Location	

DETAILS

Name			
FULL Postal Address (<i>include street, suburb & post code</i>)			
			Post Code
Work Phone		Work Fax	
Mobile	Home Phone	Email (<i>please PRINT clearly</i>)	
Are you: (<i>please tick box</i>)			
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 confirm your enrolment on the Course. A letter will be sent to yourself and your employer confirming your registration*

Employer		
Manager's Name		Manager's Position
FULL Postal Address (<i>include street, suburb & post code</i>)		
		Post Code
Work Phone	Fax	Email (<i>please PRINT clearly</i>)
Signature		Date

PLEASE SEND COMPLETED ENROLMENTS TO FAX (03) 9287 1718 EMAIL training@nuw.org.au

If you need to update/change your Union Delegate or OHS Representative information or have any queries, please contact NUW Assist - PH 1300 275 689