

Enrolment Form

COURSE DETAILS

| | |
|-----------------|--|
| Course Name | |
| Course Dates | |
| Course Location | |

DETAILS

| | | | |
|---|---|---|-----------|
| Name <i>(in full)</i> | | Preferred first name | |
| FULL Postal Address <i>(including street, suburb & post code)</i> | | | Post Code |
| Work Phone <i>(including area code)</i> () | email <i>(please PRINT clearly)</i> | | |
| Mobile | Home Phone <i>(including area code)</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 <i>(in full & please PRINT clearly)</i> | | Manager's Position | |
| FULL Postal Address <i>(including street, suburb & post code)</i> | | | Post Code |
| Phone () | email <i>(please PRINT clearly)</i> | | |
| Fax () | | | |
| 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