

# ENROLMENT FORM

## COURSE DETAILS

COURSE NAME	
COURSE DATES	
COURSE LOCATION	

## 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"/>

*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 AUTHORISATION

EMPLOYER	
MANAGER'S NAME (in full & please <b>PRINT</b> clearly)	MANAGER'S POSITION
FULL POSTAL ADDRESS (including street, suburb & post code)	
POST CODE	
PHONE (    )	EMAIL (please <b>PRINT</b> clearly)
FAX (    )	
SIGNATURE	DATE

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