

ENROLMENT FORM

COURSE DETAILS

COURSE NAME	
COURSE DATES	
COURSE LOCATION	

ENROLLEE'S DETAILS

NAME <i>[in full]</i>		PREFERRED FIRST NAME
FULL POSTAL ADDRESS <i>[including street, suburb & post code]</i>		
HOME PHONE <i>[including area code]</i>	EMAIL <i>[please PRINT clearly]</i>	
[]		
MOBILE	WORK PHONE <i>[including area code]</i>	
	[]	
ARE YOU:		
AN OHS REP	<input type="checkbox"/>	DATE ELECTED OHS REP <input type="text"/>

EMPLOYER AUTHORIZATION

*This section must be completed by your employer to authorise your paid training leave. **Enrolment confirmations will be sent by EMAIL** where possible, to you and your employer after this form is received by the Training Department [see details below]*

EMPLOYER		
MANAGER'S NAME <i>[in full & please PRINT clearly]</i>		MANAGER'S POSITION
EMAIL <i>[please PRINT clearly]</i>		PHONE []
SIGNATURE		DATE

SEND COMPLETED ENROLMENT FORMS TO
 EMAIL training@nuw.org.au OR FAX [03] 9287 1718

If you need further information contact your Organiser or NUW Training 03 9287 1739