

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 should be completed by your employer to authorise your paid training leave. Enrolment confirmations will be sent by EMAIL after this form is received by NUW Training [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