

Education Nomination Form

Branch Secretary Stage 2

Sept 12th-16th September 2011 (5 days)

This form should be completed by Branch Secretaries who have completed Stage 1 and are in their second or consecutive term as Branch Secretary.

About the Delegate:

Delegate Name: _____ Staff Number: _____

Branch: _____

Telephone Number Work: _____

Mobile Number: _____

e-mail address: _____

Company Name & Address: _____

Home Address: _____

Have you attended any previous union education courses? Yes/No
(If yes, please provide detail)

Expectation:

Please let us know what expectations you have of the course

Please note where possible you must give at least two weeks notice for course cancellation.

Please return this nomination form by **Monday, March 7th 2011**.

Please return to:
Carol Scheffer, CWU, 575 North Circular Road, Dublin 1.

Signature of Participant: _____

Date: _____

