

Education Nomination Form

Chairperson Training – March 29th, 30th & 31st 2011

This form should be completed by newly elected Chairpersons.

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:

Signature of Branch Secretary:

Date:

