

# Education Nomination Form - Committee Member Training

***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)

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***Expectation:***

Please let us know what expectations you have of the course

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

Please return this nomination form by **Monday, March 7<sup>th</sup> 2011**.

Please return to:

Carol Scheffer, CWU, 575 North Circular Road, Dublin 1.

Signature of Participant:

Date:

Signature of Branch Secretary:

Date: