

Education Nomination Form

Equality Representatives – 21st & 22nd Sept 2011

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: