

CWU Education Nomination Form



Committee Training Course 2019

DELEGATE INFORMATION:

Name: _____ Staff No: _____

Branch: _____

Email: _____ Work Tel: _____

Company: _____

Work Address: _____ Mobile: _____

Home Address: _____ Attended a CWU Yes

course previously: No

If answer is Yes above, please state what course you attended and when:

EXPECTATIONS: *Please let us know briefly what your expectations are for this course*

*Please note, where possible, you must give **at least 2 weeks' notice** for course cancellation*

This form must be returned to Carol Scheffer, Union Head Office by **Friday, 8th March 2019.**

DATA PROTECTION:

The information collected here will only be used for the purpose of processing your application for CWU training and will not be shared with any third-party. If you consent to the use of your data for this purpose, please sign the form below.

Signature of Applicant: _____ Date: _____

Signature of Branch Secretary: _____ Date: _____