

CWU Education Nomination Form



Equality Representative Training Course September 9th & 10th 2020 (2Days)

DELEGATE INFORMATION: ***This form should be completed by newly elected Equality Reps***

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 6th March 2020**

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:** _____