



CWU Education Nomination Form

Branch Secretary Stage 1 Course April 25th, 26th, 27th, May 3rd & May 4th (5 Days)

DELEGATE INFORMATION: ***This form should be completed by newly elected Branch Secretaries***

Name:	_____	Staff No:	_____
Branch:	_____		
Email:	_____	Work Tel:	_____
Company:	_____		
Work Address:	_____	Mobile:	_____

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

This form must be completed by **Monday 13th March 2023**

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.

I can confirm I am the Branch Secretary:



Signature of Branch Secretary: _____ **Date:** _____