

NAME OF COURSE:	COURSE DATE:
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PARTICIPANT DETAILS

TITLE:	GIVEN NAME:	SURNAME:
POSTAL ADDRESS:		
SUBURB:	STATE:	POSTCODE:
PHONE:	JOB TITLE:	
EMAIL:	Preferred Method for Correspondence <input type="checkbox"/> EMAIL <input type="checkbox"/> POST	
Are you a Union Rep? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a HSR? Yes <input type="checkbox"/> No <input type="checkbox"/>

***Participants Signature:**
**As an authorised worker of this company, I enrol in the above course* MUST BE SIGNED BEFORE RETURNING TO AWU

EMPLOYER DETAILS

EMPLOYER:	PHONE:	
CONTACT PERSON:	CONTACTS POSITION:	
POSTAL ADDRESS:		
SUBURB:	STATE:	POSTCODE:
EMAIL:	Preferred Method for Correspondence <input type="checkbox"/> EMAIL <input type="checkbox"/> POST	

***Employers Signature:**
**As an authorised officer of this company, I approve the above worker's attendance* MUST BE SIGNED BEFORE RETURNING TO AWU

Office Use Only		
Participant ID: _____	Course ID: _____	Member Number: _____
Received By: _____	Entered & Sent: _____	