

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

Please note: – Admittance into AWU is conditional on acceptance of a Temperature Check and phone details being provided.
 If you are displaying COVID-19 like symptoms admittance may be refused so as to ensure the Health & Safety of our Staff.

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: _____