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| 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: _____