

Approved Application for
CPSU Training 2011



Course Detail

Course Name :

Course Date :

Personal Detail

Name :

Gender : Male Female

Address :

Telephone :

Member No :

Position : Health and Safety Representative
 Health and Safety Committee Member
 Union Organiser Manager/Supervisor
 Union Delegate Other

If you have any special needs please tick the appropriate box:

Hearing Sight
 Wheelchair Access Physical Disability
 Language Interpreter

Employer Detail

Employer :

Work Address :

Work Detail

Work Phone :

E-mail :

*** Training Approved By:**

Manager/Supervisor:

Date:

Please Return By Facsimile: (03) 9662 4591

*For all enquiries please contact Pam Spencer on (03) 9639 1822 or 1800 810 153 or e-mail
pspencer@cpsu.org*

CPSU TRAINING