

Approved Application for  
**CPSU Training 2008**



*Course Detail*

Course Name :

Course Date :

*Personal Detail*

Name :

Address :

Telephone :

Member No :

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

- 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