

Approved Application for
CPSU Training 2009



CPSU TRAINING

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@cpsuvic.org*