

Approved Application for  
**CPSU Training 2009**



CPSU TRAINING

*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*