



Community and Public Sector Union (SPSFT) Inc

WORKPLACE DELEGATE TRAINING REGISTRATION FORM

Course Details

Course Name:

Course Location: South North North West

Course Date:

Applicant Details

First Name & Surname:

Home Address:

Home Phone: Mobile:

Email:

Dietary Requirements:

Other Requirements:

Workplace Details

Workplace / Agency: Division:

Position Title:

Worksite Address:

Work Phone:

General Secretary Authorisation

Name:

Signature:

Email:

Organiser Responsible

Name:

Signature:

Email:

Pre-Requisites

<input type="checkbox"/> Delegate Foundation Training	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Admin Only

Line Manager Notification: Member Organiser

MUST Input: Yes Date: Head of Agency Letter Sent: Yes

Confirmation Email: Yes Date: Head of Agency Approval Received: Yes