

Approved Application for  
**CPSU OH&S Training Form 2017**



**Course Details**

Course Name: \_\_\_\_\_

Course Date/s: \_\_\_\_\_ Course Location: \_\_\_\_\_

Position (please circle): Health & Safety Representative / Deputy Health & Safety Representative / Health & Safety Committee Member / Union Organiser / Union Delegate / Manager/Supervisor / Other

**Personal Details**

Name: \_\_\_\_\_ Gender: M / F

Home Address: \_\_\_\_\_

Mobile: \_\_\_\_\_ Member No: \_\_\_\_\_

Special Needs (please circle): Hearing / Sight / Wheelchair Access / Language Interpreter / Physical Disability / Other (please list).....

**Work Details**

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact:**

Name of Contact: \_\_\_\_\_

Relationship with Emergency Contact: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

**\* Applicant's:** \_\_\_\_\_

Signature:

Date:

**\* Training Approved By:** \_\_\_\_\_

Manager/Supervisor:

Name:

Signature:

Date:

**Please Return By Facsimile: (03) 9662-4591 or email [training@cpsuvic.org](mailto:training@cpsuvic.org)**

For all enquiries please contact Carissa Embling on (03) 9639-1822 or 1800 810 153 or e-mail [training@cpsuvic.org](mailto:training@cpsuvic.org)

**If you do not receive a confirmation of enrolment email within 48 hours please contact the union**

CPSU