

TRAINING REQUEST FORM

Name

Location

Contact number

Email address

Organiser (if known)

I am interested in participating in Delegate Training and wish to undertake:

Level 1 Delegate Training

☐

Level 2 Delegate Training

☐

Do you currently have a position on your Sub-Branch?

YES

☐

NO

☐

If yes, what position?

If no, please tick the most accurate statement below:

I am a workplace delegate but do not have Sub Branch

YES

☐

NO

☐

I am not a delegate but am interested in becoming one

YES

☐

NO

☐

I am not interested in becoming a delegate but want to assist my delegates

☐

I am interested in knowing more about the union

☐

Once this form is completed, please email to:

Steve Fraser, Delegate Educator and Project Specialist
training@hsu.asn.au (or contact: 0438 682 683)

Phone: 1300 478 679 | Fax: 1300 329 478 | Email: info@hsu.asn.au

Authorised by Gerard Hayes, Secretary HSU NSW/ACT/QLD | 109 Pitt Street, Sydney NSW 2000