



## CWU Education Nomination Form

### Equality Representative Training Course 7<sup>th</sup> & 8<sup>th</sup> September 2022

**DELEGATE INFORMATION:** *\*\*This form should be completed by newly elected Equality Reps\*\**

**Name:** \_\_\_\_\_ **Staff No:** \_\_\_\_\_

**Branch:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Work Tel:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

\_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Attended a CWU**  **Yes**

\_\_\_\_\_ **course previously:**  **No**

\_\_\_\_\_

**If answer is Yes above, please state what course you attended and when:**

\_\_\_\_\_

**EXPECTATIONS:** *Please let us know briefly what your expectations are for this course*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please note, where possible, you must give **at least 2 weeks' notice** for course cancellation*

This form must be returned to Carol Scheffer, Union Head Office by **Monday 14<sup>th</sup> March 2022**

**DATA PROTECTION:**

The information collected here will only be used for the purpose of processing your application for CWU training and will not be shared with any third-party. If you consent to the use of your data for this purpose, please sign the form below.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Branch Secretary:** \_\_\_\_\_ **Date:** \_\_\_\_\_