



52-56 Rouse Street, Port Melbourne  
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President: Allan Taylor  
Vice President: James Hughes  
Branch Secretary: John Berger  
Branch Assistant Secretary: Chris Fennell  
Trustees: Mick Werrick, Kevin Whelan

**ENROLMENT FORM FOR MEMBERS' TRAINING COURSE**

Title of Course: **TWU CORE DELEGATES**  
Dates of Course: **(2 Days)**  
Held at: **52-56 Rouse Street, Port Melbourne** **Lunch provided**

**THIS SECTION TO BE COMPLETED BY MEMBER**

Member's Name: \_\_\_\_\_  
Roll Number: \_\_\_\_\_ Mobile No. \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Employed by: \_\_\_\_\_ As: \_\_\_\_\_  
Location: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_  
Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list any special needs: (ie: catering/disabilities) \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

I hereby authorise -----to attend the TWU Training Course listed above.  
Signature: ----- Date: -----  
Print Name: ----- Position: -----  
Postal Address: -----  
Postcode: -----  
Fax number: ----- Telephone number: -----