

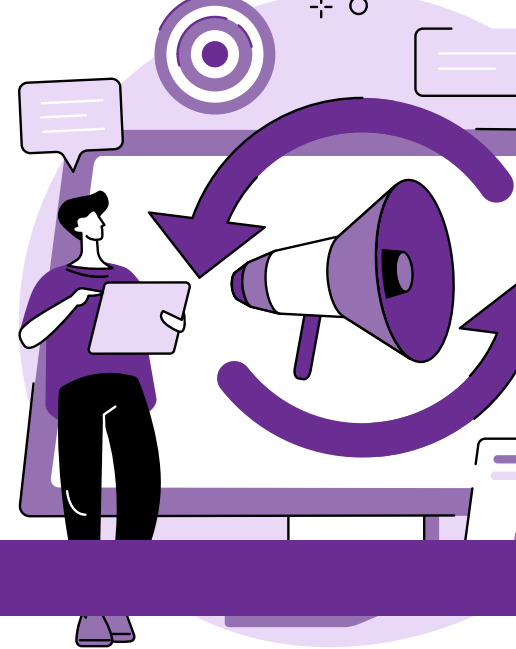
# HSUWA Release Form

## Delegate Training

Date:

Time:

Location:



### DELEGATE TRAINING

Please complete the release form below and return via email to [union@hsuwa.com.au](mailto:union@hsuwa.com.au) or directly to your HSUWA Organiser.

**Full Name**  
(PLEASE USE CAPITALS) : \_\_\_\_\_

**Email Address** : \_\_\_\_\_

**Phone Number** : \_\_\_\_\_

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

**Dietary Requirements** : Yes  No  **Please specify** : \_\_\_\_\_

**Access Requirements** : Yes  No  **Please specify** : \_\_\_\_\_

### EMPLOYER APPROVAL

The HSUWA seeks release of the above Delegate to attend the aforementioned course in line with the company's commitment to supporting its workforce through training and professional development.

**Authorised by** : \_\_\_\_\_

**Position** : \_\_\_\_\_ **Phone Number** : \_\_\_\_\_

**Signature** : \_\_\_\_\_ **Date** : \_\_\_\_\_

**More Information :**

✉ [union@hsuwa.com.au](mailto:union@hsuwa.com.au)

☎ (08) 9328 5155

