

EXPRESSION OF INTEREST: OW 2010

Please return this form to:

FAX: (03) 9670 0837

Union Name:

Branch / Division:

Union Contact Person:

Contact Phone Number/s: (BH) (MOB)

Contact Email:

State	No. of Places requested for <u>NEW APPLICANTS</u>	No. of Places requested for <u>EXISTING EMPLOYEES</u>
VIC		
NSW		
WA		
QLD		

NEW APPLICANTS:

If you have requested places for **New Applicants** in the boxes above, are you intending to select from a pool of external candidates shortlisted by the ACTU? YES / NO

EXISTING EMPLOYEES:

If you have requested places for **Existing Employees** in the boxes above, please provide their details. (Please complete an additional form if you are requesting more than two places).

Existing Employee Details (1)			
Name:	<input type="text"/>	D.O.B.:	<input type="text"/>
Phone:	<input type="text"/>	Email:	<input type="text"/>
Gender:	<input type="checkbox"/> M / <input type="checkbox"/> F		
Highest Qualification Completed (e.g. Cert IV):		<input type="text"/>	
Length of Employment with Union:		<input type="text"/>	

Existing Employee Details (2)			
Name:	<input type="text"/>	D.O.B.:	<input type="text"/>
Phone:	<input type="text"/>	Email:	<input type="text"/>
Gender:	<input type="checkbox"/> M / <input type="checkbox"/> F		
Highest Qualification Completed (e.g. Cert IV):		<input type="text"/>	
Length of Employment with Union:		<input type="text"/>	