

**MAKING AN IMPACT: Workplace Representatives' Training**

**Application Form – LEVEL 1**

NAME: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BRANCH: \_\_\_\_\_

OCCUPATION\GRADE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

Details of IMPACT/ trade union experience (if any)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Details of previous IMPACT training attended

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete this section in not more than 100 words: I am applying to participate in this training because...

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where would you prefer to do the training (Dublin, Cork/Limerick, or Sligo)?

Name and contact details of the person in your workplace to whom the Union should write to seek your paid release.

\_\_\_\_\_  
\_\_\_\_\_

Signature of IMPACT Official/Organiser:\* \_\_\_\_\_

Signature of IMPACT Branch Chair/Secretary/Training Officer:\* \_\_\_\_\_

I am an IMPACT member and if accepted for this course **I commit to attending the four one-day training sessions:**

Signed [applicant's signature here]: \_\_\_\_\_

**\* PLEASE NOTE THAT FORMS WILL NOT BE ACCEPTED WITHOUT THE SIGNATURE OF THE RELEVANT BRANCH OFFICER AND OFFICIAL/ORGANISER**