



**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 (Cork, Dublin, or West)?

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

Signature of IMPACT Assistant General Secretary/IRO:* _____

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 Assistant General Secretary/IRO and Branch Officer.**