

APPLICATION FORM TRADE UNION STUDIES



CERTIFICATE PROGRAMME

SIPTU is committed to the General Data Protection Regulations 2018, and aims to maintain consistently high standards in protecting and securing all of your personal information. Our Privacy Notice can be viewed at www.siptu.ie/privacystatement

Forename:	Surname:
Address:	
Telephone/Mobile No.:	Gender: Female: Male:
E-mail address:	
Nationality:	Union Membership Number:
Date of Birth: //	PPS No:
Union member of:	
If SIPTU, Union Division: Health	Services Manufacturing
Public Administration & Community	Transport, Energy, Aviation & Construction
Occupation (Job):	
Employer's Name:	
completed yo	el 6 Programme, it is envisaged that you will have our union's advanced training programme reses Completed (Please tick all that applies) Basic Health & Safety Course Advanced Health & Safety Course
ege and the National College of Ireland for onward submission of th	nat in order for that award to be made I am required to submit the above personal information to SIPTU hat information to QQI. I understand that QQI will maintain and retain this data indefinitely for the purp oyers, to other training providers and to myself. There may be circumstances where I give permission to
Signed Member	Date:/
Signed: Sector Organiser (SIPTU Members ONL Education Officer (Other Unions)	Date: / / LY) RM MUST BE SIGNED IN ORDER THAT THEY CAN BE PROCESSED)
	40DULE - PLEASE CHECK WITH YOUR UNION FOR POSSIBLE SUBSIDIES
ocation applying for:	