

**Industrial**



**SSTUWA**

The State School Teachers' Union of W.A. (Inc.)

## About the course

**Date**

**Outcomes**

**Time**

**Cost**

**Facilitator**

**Nominated Audience**

**Venue**

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**Industrial**



**SSTUWA**  
The State School Teachers' Union of W.A. (Inc.)

**Given name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Union member**      **Yes**      **No**      **Union ID no:** \_\_\_\_\_

**School/workplace:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

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

**Send completed form to**

**SSTUWA Education and Training Centre**

**Email:** [training@sstuwa.org.au](mailto:training@sstuwa.org.au)

**Or register online at** [sstuwa.org.au](http://sstuwa.org.au)

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