Wales Union Learning Fund (WULF)

Learner Form



Have you completed this form before?					
<u> </u>					
First Name					
First Name					
Surname					
Email Address					
Home Postcode					
1 0010000					
Date of course /	event				
Name of course / event					
Union that supported learning NUJ					
Has / Will this course;					
a) raise the qualification	r previous				
b) progress y	career				
By receiving support through this project/programme you acknowledge that your information will be used in the ways set out above.					
Signed:			Date [.]		