

HSR Initial and Refresher OHS Training Course Schedule and Enrolment Form 2024

Course	February	March	April	May	June	July	August	September	October	November
HSR Initial OHS Training Course										
Face-to-Face \$975	21, 28 Feb, 6, 13 & 20 March (Wed, CBD)			2, 9, 16, 23, 30 May (Thurs, Narre Warren)		17, 24, 31 July & 17, 14 Aug (Wed, Narre Warren)	5, 12, 19, 26 Sept & 3 Oct (Thurs, CBD)		23, 30 Oct & 6, 13, 20 Nov (Wed, Narre Warren)	
HSR Refresher OHS Training Course										
Face-to-Face \$299			3 (wed, CBD)		13 (Wed, Narre Warren)		28 (Wed, CBD)			7 (Thurs, Narre Warren)

PARTICIPANT INFORMATION			
Participant Name:			
Course:	<input type="checkbox"/> Initial HSR 5 Day Course		<input type="checkbox"/> HSR Refresher Course
Course Date/s:			
Participant <u>OHS</u> Role:	<input type="checkbox"/> Health and Safety Representative <input type="checkbox"/> Supervisor <input type="checkbox"/> Deputy Health and Safety Rep <input type="checkbox"/> Manager <input type="checkbox"/> OHS Committee Member <input type="checkbox"/> Other: _____		
Phone:			
Email: <i>(for confirmation email)</i>			
Mailing Address: <i>(Training materials for ONLINE COURSES only)</i>			
Do you require any language, literacy or numeracy support?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____		
Emergency Contact Name & Number:			
Signature of Participant:		<i>By signing, I acknowledge that I have been fully informed about the HSR course and course requirements</i>	
ACCOUNTS DETAILS			
Organisation:			
Street Address:			
Suburb:		Postcode:	
Phone:			
Email: <i>(for invoices)</i>		PO Number:	
How did you find us? Please circle:	WorkSafe Website	Google	Word of Mouth
	Existing Client		
Other: _____			