



Health and Safety Representative Training Enrolment form

Please complete the following enrolment and send to Unions NSW via email to: whs@unionsnsw.org.au or Fax to: 92613505 or by post to: Level 3, 4 Goulburn Street, Sydney 2000

Participants to complete

Full Name (as appears on primary form of photo identification): _____

Date of Birth: _____

Email: _____

Phone (work): _____ (mobile): _____ (other): _____

Employer: _____ Union (if any): _____

Workplace: _____

Indicate the Course you wish to attend.

5 day HSR course \$800 (incl. GST)

October
Tues 7, Wed 8,
Mon 20, Tues 21, Wed 22

November
Mon 10, Tues 11, Wed 12
Mon 24, Tues 25

Group booking or union employees can attract a discount.

Please contact Shay Deguara at Unions NSW if you wish to attend over several months, as flexibility can be provided however the course must be completed (with all days completed) within 6 months of commencement and the days must be attended in sequential order.

Participant Declaration

I apply to enrol in the above Unions NSW WorkCover approved Health and Safety Representative Training, and nominate Unions NSW as per Section 72 of the WHS Act 2011. I have read Unions NSW Training terms and conditions regarding conduct, attendance and cancellation requirements.

Participant Signature _____ **Date** _____

Employer (PCBU) or Manager to Complete

Authorised Manager Name: _____

Contact Details (for invoicing purposes):

Phone: _____ **Email:** _____ **Fax:** _____

Postal Address: _____

Total Payment Amount: \$ _____

Method of Payment

Direct Deposit

AC Name Unions NSW – No 1. Management Account

BSB 062006 Account 00800374

Use reference “**HSR**” and send confirmation of payment email to

whs@unionsnsw.org.au

Credit Card (please fill in details below)

Credit Card Details

Card Holder Name: _____

Card Number

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Expiry Date

| | | | | | |
|-------|--|--|------|--|--|
| | | | | | |
| MONTH | | | YEAR | | |

Master Card

Visa

Card Holder Signature: _____

Please note that American Express and Diner Club cannot be accepted.

Declaration

I authorise the worker named over to attend the Unions NSW WorkCover approved Health and Safety Representative Training, and am authorised to make payment to Unions NSW via the method indicated. I am aware of Unions NSW terms and conditions in relation to conduct, attendance, and cancellation requirements.

Authorised Manager Signature: _____

Return Details:

Email to whs@unionsnsw.org.au or

Fax to 92613505 or

Post Level 3, 4 Goulburn Street, Sydney 2000