



Health and Safety Representative Training Enrolment form

Please complete **both sides** of this enrolment and send to PSA NSW via:

Email: training@psa.asn.au

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): _____

Work Address: _____

Indicate the Course you wish to attend

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

Please contact PSA 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.

1 day HSR Refresher course \$200 (incl. GST)	
Course Date	
Location	

Group booking can attract a discount.

Participant Declaration

I apply to enrol in the above Unions NSW SafeWork approved Health and Safety Representative Training, and nominate PSA NSW as the training provider, as per Section 72 of the WHS Act 2011. I am aware of the terms and conditions in relation to conduct, attendance, and cancellation requirements.

Participant Signature _____ Date _____

**PLEASE ENSURE YOU COMPLETE THE INFORMATION
ON THE BACK OF THIS FORM**

Employer (PCBU) or Manager to Complete

Invoices will be issued

Preferred method of payment: Direct Deposit Credit Card Cheque

Authorised Manager Name: _____

Contact Details (for invoicing purposes):

Phone: _____ Email: _____ Fax: _____

Postal Address: _____

Total Payment Amount: \$ _____

Purchase Order Number (if relevant) _____

Method of Payment

1. Direct Deposit

AC Name: Unions NSW – No 1. Management Account BSB: 062006 Account: 00800374 Use payee reference “PSA HSR” and Send confirmation of payment email to training@psa.asn.au	
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2. Credit Card Details

Card Holder Name: _____

Card Number

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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 overleaf to attend the Unions NSW SafeWork approved *Health and Safety Representative* Training, and am authorised to make payment to PSA NSW via the method indicated. I am aware of the terms and conditions in relation to conduct, attendance, and cancellation requirements.

Authorised Manager Signature: _____