



## Health and Safety Representative Training Enrolment form

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

Email: [training@psa.asn.au](mailto:training@psa.asn.au) or

Fax: 9262 1623 or

Post: GPO Box 3365

**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

<b>5 day HSR course \$800 (incl. GST)</b>	
<b>Course Dates</b>	_____
<b>Location</b>	_____

*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.*

<b>1 day HSR Refresher course \$200 (incl. GST)</b>	
<b>Course Date</b>	_____
<b>Location</b>	_____

**Group booking can attract a discount.**

**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 am aware of Unions NSW 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**

