



Health and Safety Representative Training Enrolment form

Please complete the following enrolment and send to Unions NSW via:

Email to whs@psa.asn.au or
 Fax to 92621623 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): _____

Workplace
 Address: _____

Indicate the Course you wish to attend.

5 day HSR course \$800 (incl. GST)	
Nominate Dates	COURSE 1: 13, 14, 15 June, and 25, 26 June. COURSE 2: 13,14, 15 November, and 26, 27 November Both courses are held at PSA House, 160 Clarence St, Sydney

Group booking can attract a discount.

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.

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** _____

