

Workplace Learning Initiatives complies with the information Privacy Act 2000 and the Health Records Act 2001.  
 Any information you provide to us will be used in accordance with the information Privacy principles in these Acts.

Course Information		Cost*
<u>Initial 5 day Course for Health and Safety Representatives, Managers and Supervisors</u> <input type="checkbox"/>		<u>\$895.00</u>
Feb/Mar 16, 23, - 2, 9 & 16 <input type="checkbox"/>	Mar/Apr 30, - 6, 13, 20 & 27 <input type="checkbox"/>	May/Jun 11, 18, 25, - 1 & 8 <input type="checkbox"/>
Jun/Jul 22, 29, - 6, 13 & 20 <input type="checkbox"/>	August 3, 10, 17, 24 & 31 <input type="checkbox"/>	Sep/Oct 14, 21, 28 - 5 & 12 <input type="checkbox"/>
<u>1 Day Refresher Course – The HSR and the Law</u> <input type="checkbox"/>		<u>\$335.00</u>
Mar 17 <input type="checkbox"/>	Apr 14 <input type="checkbox"/>	May 12 <input type="checkbox"/>
Jun 9 <input type="checkbox"/>	Jul 21 <input type="checkbox"/>	
Aug 18 <input type="checkbox"/>	Sep 15 <input type="checkbox"/>	Oct 13 <input type="checkbox"/>
	Nov 10 <input type="checkbox"/>	
Which of the following best describes your current role in relation to this course (please TICK one box only)		
HSR <input type="checkbox"/>	Deputy HSR <input type="checkbox"/>	Manager/Supervisor <input type="checkbox"/>
H&S Committee Member <input type="checkbox"/>	Other <input type="checkbox"/>	

Participant Details <small>(please print)</small>	
Surname <input style="width: 300px;" type="text"/>	Given Name(s) <input style="width: 300px;" type="text"/>
Preferred e-mail address <input style="width: 400px;" type="text"/>	PH: <input style="width: 100px;" type="text"/>
Language, other than English, spoken at Home <input style="width: 200px;" type="text"/>	
If not English, do you speak English: Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at All <input type="checkbox"/>	
Do you have a disability, impairment, long-term condition or special needs? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES, tick all applicable boxes: Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Mental Illness <input type="checkbox"/> ABI <input type="checkbox"/>	
Other Medical Condition <input type="checkbox"/> Language, Literacy and/or Numeracy needs <input type="checkbox"/> Other <input type="checkbox"/>	

Company Details	
Company Name <input style="width: 350px;" type="text"/>	Contact: <input style="width: 200px;" type="text"/>
Address <input style="width: 450px;" type="text"/>	State <input style="width: 50px;" type="text"/> Post Code <input style="width: 80px;" type="text"/>
Phone <input style="width: 150px;" type="text"/>	Fax <input style="width: 150px;" type="text"/> email <input style="width: 200px;" type="text"/>

Type of Industry			
Agriculture <input type="checkbox"/>	Government Admin. <input type="checkbox"/>	Mining <input type="checkbox"/>	Warehousing & Storage <input type="checkbox"/>
Aged Care <input type="checkbox"/>	Government Local <input type="checkbox"/>	Property & Business <input type="checkbox"/>	Welfare Institutions <input type="checkbox"/>
Construction <input type="checkbox"/>	Health Care <input type="checkbox"/>	Retail Trade <input type="checkbox"/>	Wholesale Trade <input type="checkbox"/>
Educational Institutions <input type="checkbox"/>	Hospitality <input type="checkbox"/>	Stevedoring <input type="checkbox"/>	Other (please specify): <input type="checkbox"/>
Emergency Services <input type="checkbox"/>	Manufacturing <input type="checkbox"/>	Transport <input type="checkbox"/>	
Finance & Insurance <input type="checkbox"/>	Meat Processing <input type="checkbox"/>	Utilities <input type="checkbox"/>	

To be completed by the applicant or employer	
I have read the cancellation policy and agree to the terms therein. I understand that the course fee must be paid before my registration will be accepted.	
Name: <input style="width: 350px;" type="text"/>	Position: <input style="width: 350px;" type="text"/>
Signature: <input style="width: 350px;" type="text"/>	Date: <input style="width: 150px;" type="text"/>

Cancellation Policy
Written notification of intention to cancel your participation in a course is required 10 days prior to commencement of the course. When notification to cancel is received 10 or more working days prior to commencement of the course, a refund will be paid in full, or you may transfer to an alternate course, at no additional cost. If you cancel less than 10 days prior to the commencement of a course, no refund will be made. Transfer to a subsequent course may incur a transfer fee of \$200.
Workplace Learning Initiatives reserves the right to reschedule or cancel advertised courses. In the event that a is rescheduled or cancelled, registered participants will be notified in advance and:
<ul style="list-style-type: none"> <li>o the participant (or a substitute) will be registered for a subsequent course, or</li> <li>o payment will be refunded in full.</li> </ul>