

NAME OF COURSE:	COURSE DATE:
SafeWork SA HSR ID# MUST be Obtained from SAFEWORK SA before submitting ANY enrolment Forms for:- HSR 1,2,3 WHS Refresher, Fatigue Management, Consultation Processes, Inappropriate Behaviours, Inspection & Incident Investigation. EMPLOYER TO LOG ON TO - https://www.safework.sa.gov.au/workers/consultation-and-representation/health-and-safety-representatives/hsr-portal	
	SafeWork SA HSR ID#

PARTICIPANT DETAILS

TITLE:	GIVEN NAME:	SURNAME:
JOB TITLE:		PHONE:
POSTAL ADDRESS:		
SUBURB:	STATE:	POSTCODE:
EMAIL:		Preferred Method for Correspondence <input type="checkbox"/> EMAIL <input type="checkbox"/> POST
Are you an Elected HSR?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Union Member? <input type="checkbox"/> Yes(union) <input type="checkbox"/> No

***Participants Signature:**
 *As an authorised worker of this company, I enrol in the above course MUST BE SIGNED BEFORE RETURNING TO JOBSAFE SA

Please note: – Admittance into JobSafe SA is conditional on acceptance of a Temperature Check and phone details being provided. If you are displaying COVID-19 like symptoms admittance may be refused so as to ensure the Health & Safety of our Staff.

EMPLOYER DETAILS

EMPLOYER:	PHONE:	
CONTACT PERSON:	CONTACTS POSITION:	
POSTAL ADDRESS:		
SUBURB:	STATE:	POSTCODE:
EMAIL:		Preferred Method for Correspondence <input type="checkbox"/> EMAIL <input type="checkbox"/> POST

***Employers Signature:**
 *As an authorised officer of this company, I approve the above worker's attendance MUST BE SIGNED BEFORE RETURNING TO JOBSAFE SA

INVOICING DETAILS – please note invoice sent after the completion of course

Same as employer details

EMPLOYER:	PHONE:	
CONTACT PERSON:	PURCHASE ORDER #	
POSTAL ADDRESS:		
SUBURB:	STATE:	POSTCODE:
EMAIL:		Preferred Method for Correspondence <input type="checkbox"/> EMAIL <input type="checkbox"/> POST

Office Use Only

Participant ID: _____ Course ID: _____ Member Number: _____

Received By: _____ Entered & Sent: _____

