

NAME OF COURSE:	COURSE DATE:
HSR Level 1,2,3, WHS Refresher, Fatigue Management, Consultation Processes, Inappropriate Behaviours, Inspection & Incident Investigation Enrolments MUST supply their SafeWork HSR ID#.	
<i>To obtain a SafeWork SA HSR ID# the EMPLOYER must log on to https://www.safework.sa.gov.au/workers/consultation-and-representation/health-and-safety-representatives/hsr-portal</i>	
SafeWork SA HSR ID#	
*** JOBSAFE SA WILL NOT ACCEPT ANY FORMS FOR THE ABOVE LISTED COURSES WITHOUT THE HSR's 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 entry 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: _____

