

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

**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: \_\_\_\_\_

