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| 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#. 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 | |
| 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 the below listed organisation, 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, phone details being provided and wearing of a mask. 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 organisation, I approve the above worker's attendance* **MUST BE SIGNED BEFORE RETURNING TO JOBSAFE SA

INVOICING DETAILS – please note invoice is 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 |

Please return completed form no later than 4 business days before course to:
training@jobsafesa.asn.au or GPO BOX 2577, ADELAIDE SA 5001

