

NAME OF COURSE:	COURSE DATE:
<b>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 &amp; Incident Investigation.</b> EMPLOYER TO 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>	
	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: \_\_\_\_\_

