

COURSE DETAILS

Course Title:	
Course Date:	

PARTICIPANT DETAILS

SafeWork SA HSR ID#	
<small>HSR Level 1,2,3, WHS Refresher, Fatigue Management, Consultation Processes, Inappropriate Behaviours, Inspection & Incident Investigation MUST supply their HSR ID#.</small> *** JOBSAFE SA WILL NOT ACCEPT ANY FORMS FOR THE ABOVE LISTED COURSES WITHOUT THE HSR'S ID# *** <small>To obtain a SafeWork SA HSR ID# the EMPLOYER must log on to https://www.safework.sa.gov.au/notify/health-and-safety-representatives/hsr-portal</small>	
Title:	
Name:	
Surname:	
Email:	
Phone:	
Job Title:	
Are you an Elected HSR?	
Are you a Union Member?	

***Participants Signature:**

As an authorised worker of the organisation below, I enrol in the above course.* **MUST BE SIGNED BEFORE RETURNING TO JOBSAFE SA

Please note: – 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

Organisation:	
Organisation Address:	
Contact Name:	
Contact Email:	
Contact Phone:	

***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

Organisation Postal Address:	
Invoicing Contact Name:	
Invoicing Contact Email:	
Invoicing Contact Phone:	
Purchase Order #	If Applicable