

Health & Safety Training

SA Unions January—December 2018

Commonwealth WHS Act 2011



SA Unions delivers the ACTU Comcare accredited Initial Health and Safety Representatives and Deputy Representatives training and 1 day Refresher, approved by Comcare under section 72 of the Commonwealth WHS Act 2011.

Our specialist trainers and facilitators have many years experience in providing the highest quality training and are committed to delivering best practice through the design, delivery and content in a continual improvement cycle.

SA Unions courses are delivered in a relaxed friendly atmosphere with particular attention to participant interaction and acquiring hands-on-skills.

COMMONWEALTH INITIAL

Level 1 HSR Training (5 days) for newly elected Health & Safety Representatives and Deputy Health & Safety Representatives who have not undertaken any approved HSR training.

| Dates | Cost |
|-----------------|-------|
| 9—13 April | \$929 |
| 4—8 June | |
| 10—14 September | |
| 3—7 December | |

COMMONWEALTH REFRESHER

Refresher HSR Training (1 day) for Health & Safety Representatives and Deputy Health & Safety Representatives who have undertaken the Level 1 (5 day) HSR training.

| Dates | Cost |
|------------|-------|
| 17 April | \$315 |
| 15 June | |
| 15 October | |

Please note: All course dates are subject to change

As a HSR, you are entitled to attend training with a provider of your choice, in consultation with your Person Conducting a Business or Undertaking (PCBU).

Enrol via Course Application Form

Enquiries

SA Unions H&S Training Unit | saunions@saunions.org.au | 08 8279 2248
www.saunions.org.au/hsrtraining

Courses: Courses are held at SA Unions, 170 Greenhill Road, Parkside (unless otherwise notified) 9.00 am—5.00 pm daily



SA UNIONS



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SA Unions

is a provider of WHS training in SA

Participants must be elected health & safety representatives

2018 Commonwealth Course Enrolment Form

WHAT TO DO:

Fill out the enrolment form
Pass to your employer or manager to be signed
Send the enrolment form to us
Fax: 8279 2223
Email: saunions@saunions.org.au

PAYMENT: SA Unions - ABN: 49 207 741 085

A tax invoice will be sent 2 weeks prior to course date
Please indicate if you will be paying by:
cheque (payable to SA Unions) ..
EFT payments (details on invoice) ..
credit card payment (2.02% surcharge) ..

COURSE FEES (GST inclusive) effective as of 1/1/18

Commonwealth WHS Initial (5 days): \$929
Commonwealth WHS Refresher (1 day): \$315

A light lunch is provided daily - **if you have any special dietary requirements please advise us prior to the course.**

If you have any mobility/disability issues please advise us.
If you need more information, phone us on (08) 8279 2248,
or email us at saunions@saunions.org.au
Visit our website : www.saunions.org.au/hsrtraining

WE WILL:

Advise you immediately if the course is full and offer you a place on the same course on a different date.
Send you a confirmation letter with details of the course two weeks before the course starts.
If a course is cancelled we will send notification of the cancellation to your employer and to the participant prior to the course commencement date.

Note: Should we not reach our minimum two weeks prior to course commencement the course may be cancelled. Participants will be offered to enrol in a course date that suits their schedule.

CANCELLATION POLICY:

If you are unable to attend the course – you need to notify us at least 2 weeks prior to the course starting date to avoid any charge.

When an enrolment is cancelled the following cancellation fees will apply:
> than 14 days before course commencement date = Full refund
Between 7-14 days before commencement date = 50% refund
< than 7 days = No refund

Under the WHS Regulations and outlined in section 72 of the WHS Act HSR's are entitled to attend a training course in work health and safety that is approved by the regulator.

Your Details

Name

Postal Address

Are you a union member?

If yes, name of Union

Phone

Fax

Email

YOUR SIGNATURE:

Are you an elected HSR? Yes / No

Are you a Deputy HSR? Yes / No

How did you find out about this course?

YOUR EMPLOYER'S CONTACT DETAILS:

Name:

Postal Address

Type of Organisation

Phone

Fax

Email

Purchase Order : Date :

ADDRESS FOR INVOICING:

.....

Postal Address.....

Please ensure you quote a Purchase Order number if it is a requirement of your organisation.

Phone

Fax

Credit Card Details: Payment Method [] Visa [] Master card

Name of Card Holder: Card Holder's signature

Card Number: ____ / ____ / ____ / ____ **Expiry of Date :** __ / __ **nb: 2.02% surcharge**

| COURSE NAME (PLEASE FILL IN COURSE DETAILS) | COURSE DATE (S) | FEE (inc. GST) |
|---|-----------------|----------------|
| | | |

EMPLOYER/MANAGER NAME: _____ SIGNATURE: _____

