



SA UNIONS

is a provider of WHS training in SA
2018 Commonwealth Course Enrolment Form

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

WHAT TO DO:

1. Fill out the enrolment form
2. Pass to your employer or manager to be signed and for payment to be arranged
3. 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 need more information phone us on 8279 2222 or email saunions@saunions.org.au. Web: www.saunions.org.au

WE WILL:

1. Send you a confirmation letter with details of the course two weeks before the course starts.
2. If a course is cancelled we will fax notification of the cancellation to your employer 2 weeks prior to the course commencement date. A cancellation letter will be posted directly to the course participant.
Note: Should we not reach our minimum no of enrolments 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

- If you have any mobility/disability problems please advise us.

YOUR DETAILS:

Name

Postal Address

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.....

Phone

Fax

Email

Are you an elected Health and Safety Representative? Yes No

Are you a union member? Yes No
If Yes, name of union

YOUR SIGNATURE

How did you find about this course?
.....

YOUR EMPLOYER'S CONTACT DETAILS:

Name

Postal Address.....

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Type of Organisation:.....

Phone

Fax

Email

Employer Information: It is a requirement of Commonwealth Initial Training that participants attend off-site training. Employer permission must be given for participants to use their own vehicle if they wish.

ADDRESS FOR INVOICING:

Name

Postal Address

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Phone

Fax

Email

Purchaser Order: Date:

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

Credit Card Details: Payment Method [] Visa [] Mastercard

Name of Card Holder: Card Holder's signature

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

ENROLMENT DETAILS:

COURSE NAME	COURSE DATE (S)	FEE (inc. GST)

EMPLOYER/MANAGER NAME: _____ **SIGNATURE:** _____