

REGISTRATION FORM



Health and Safety Representative (HSR) Training

Eligibility: Anyone can attend this training, but the course is designed for HSRs and deputy HSRs. HSRs and deputy HSRs are entitled to paid time off work to attend HSR training and their employer must pay the course costs and reasonable costs associated with attendance. If you are not a HSR or deputy HSR you are still able to participate, but this is in your own time and at your own cost.

ATTENDEE DETAILS

Title: Name: Surname:
Email: Mobile:
Residential address:
 Suburb: Postcode:
Job title: Employer:
Workplace: DOB: / /

I am a member of the NSWNMA. Member no:

Note: There is no requirement to be a member to undertake this course, the course is open to any elected HSR / deputy HSR from any workplace / industry.

I am an elected Health and Safety Representative or Deputy Health and Safety Representative in my workplace
Date elected (or approximate): / / Workgroup (if known)

I am registering for:

- 5-day HSR Training. Course fee \$792pp
 1-day HSR Refresher Training*. Course fee \$200pp

**Note: To attend the 1-day refresher training, you must provide evidence that you have completed the 5-day HSR training course. If you attended the 5-day training with the NSWNMA we will have this on file, if you did the training with another provider, please submit a copy of your certificate with this application.*

- I completed the 5-day HSR Training with the NSWNMA.

Course date/s:

Location: NSWNMA, 50 O'Dea Avenue,
Waterloo NSW 2017

ADDITIONAL INFORMATION

Do you have a WHS Committee in your workplace?

- Yes No

Are you also a member of your local WHS Committee?

- Yes No

Do you have any dietary requirements?

Is there anything else the Association should be aware of regarding your attendance?

Signature

Date: / /

The NSW Nurses and Midwives Association is SafeWork NSW approved HSR training provider.

The WHS Act stipulates that HSR course fees are covered by the employer.

Send the completed form to education@nswnma.asn.au. An NSWNMA representative will be in touch.

REGISTRATION FORM



Health and Safety Representative (HSR) Training

TO BE COMPLETED BY THE APPROVING OR AUTHORISED MANAGER

AUTHORISING DETAILS

Name:

Email:

Job title:

I hereby approve

to attend the above Health and Safety Representative Training run by the NSW Nurses and Midwives' Association being held at 50 O'Dea Avenue, Waterloo NSW 2017, and agree as an authorised representative of my employer to be invoiced for their attendance at this course*.

PAYMENT OPTIONS (INVOICE OR CREDIT CARD)

1. INVOICE

Name of organisation to appear on invoice:

Address:

Suburb: Postcode:

Details of representative who will arrange prompt payment of the invoice:

Name:

Email address:

If invoice to be sent to more than one address please include additional email addresses.

Additional email address:

2. CREDIT CARD

Complete details below or contact the Association on 02 8595 1234 to provide details.

Visa Mastercard

Name on card:

Card number: - - -

Expiry: / CCV:

Signature

Obligation to train Health & Safety Reps (s72 of the WHS Act)

Employers must allow health and safety representatives to attend HSR training.

- The HSR has the right to choose the course they attend- s71(1)(c)
- They must be allowed to attend as soon as possible and within 3 months of making a request - s71(2)
- They must be given paid time off work to attend -s71(2)(a) & 71(4)
- The employer must pay the course fees and any reasonable costs associated with the training - s71(2)(b)

OFFICE USE ONLY

Invoice sent. Date: Invoice no:

Paid by credit card. Processed date:

Receipt emailed. Date:

Calendar appointment sent. Date:

Certificate sent to employer on course completion.

Date: