





Health and Safety Representative Training Enrolment form

Please complete both sides of this enrolment and send to Unions NSW via:

Email: training		or	
Fax: 9262 16	23 or		
Post: GPO Bo	x 3365		
Dantiniu auto ta			
Participants to			
Full Name (as ap	opears on primary	y form of photo ide	ntification):
Date of Dirth.			
Date of Birth:			
Email:			
Phone (work):	(mobile):	(other):
Employer:			Union (if any):
Work Address			
Work Address:			
Indicate the Co	urse you wish	to attend	
5 day HSR coul	rse \$800 (incl.	GST)	
Course Dates	•		
Location			
D	204 15		
			ral months, as flexibility can be provided
			days completed) within 6 months of
COM	nencement and t	ine days must be a	ttended in sequential order.
1 day HSR Refr	esher course S	\$200 (incl. GST)	
Course Date			
Location			
Group booking	can attract a c	discount.	
Participant Decla			
I apply to enrol in the above Unions NSW WorkCover approved Health and Safety			
Representative Training, and nominate Unions NSW as per Section 72 of the WHS Act			
		terms and conditio	ns in relation to conduct, attendance,
and cancellation r	equirements.		
Participant Signa	ature		Date

PLEASE ENSURE YOU COMPLETE THE INFORMATION ON THE BACK OF THIS FORM

Employer (PCBU) or Manager to Complete Invoices will be issued				
Preferred method of payment: Direct Deposit				
Authorised Manager Name:				
Contact Details (for invoicing purposes):				
Phone: Email:Fax:				
Postal Address:				
Total Payment Amount: \$				
Purchase Order Number (if relevant)				
Method of Payment				
1. Direct Deposit				
AC Name: Unions NSW – No 1. Management Account BSB: 062006 Account: 00800374 Use payee reference "HSR" and Send confirmation of payment email to training@psa.asn.au				
2. Credit Card Details				
Card Holder Name:				
Card Number				
Expiry Date Master Card Visa				
Card Holder Signature: Please note that American Express and Diner Club cannot be accepted.				
3. Cheque Send Cheque to Unions NSW, Level 3, 4 Goulburn Street, Sydney, 2000				
Declaration I authorise the worker named over to attend the Unions NSW SafeWork approved Health and Safety Representative Training, and am authorised to make payment to Unions NSW via the method indicated. I am aware of Unions NSW terms and conditions in relation to conduct, attendance, and cancellation requirements. Authorised Manager Signature:				