**Enrolment Form – Health and Safety Representative Training**

Welcome to the Work Health and Safety Queensland Health and Safety Representative course. Please complete the following information and bring a copy of this form to your first day along with the required proof of identity.

I wish to attend (double-click or Tick):

5 Day HSR program

1 Day HSR Refresher training

**I verify that I am the elected health and safety representative for my organisation under the WHS Act & Regulations 2011**

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| **PERSONAL DETAILS** | | | | | | | | | | | | | | |
| **Last Name:** | |  | | | | | | | | | | | | |
| **Given Name(s):** | |  | | | | | | | | | | | | |
| **D****ate of Birth:** | |  | | | **Gender:** | | |  | **Male** | |  | **Female** |  | **Other** |
| **Home Address:** | |  | | | | | | | | | | | | |
| **Suburb/Town:** | |  | | | | | **State:** | | |  | | **Post Code:** | |  |
| **Postal Address:** | |  | | | | | | | | | | | | |
| **Suburb/Town:** | |  | | | | | **State:** | | |  | | **Post Code:** | |  |
| **E-mail:** | |  | | | | | | | | | | | | |
| **Phone -** | | **Mobile:** | |  | | | **Work:** | | |  | | | | |
| **EMPLOYER DETAILS** | | | | | | | | | | | | | | |
| **Organisation Name:** | | |  | | | **Address** | |  | | | | | | |
| **Supervisor Name:** | | |  | | | **Email** | |  | | | | | | |
| **Phone** | |  | | | | | | |
| **PROOF of IDENTITY** | | | | | | | | | | | | | | |
| Please bring this enrolment form to your first day of training and present your proof of identity to your trainer. Please refer to Appendix 1. for acceptable evidence of identity (EOI) documents. | | | | | | | | | | | | | | |
| **Sighted by Trainer Copies attached** | | | | | | | | | | | | | | |
| **Sign:** |  | | | | | **Date:** | |  | | | | | | |

