



APPLICATION FORM

OCCUPATIONAL HEALTH AND SAFETY TRAINING

COURSE DATE	
TYPE OF COURSE	
VENUE	
COST	
First Name	
Surname	
Mobile	
Employer	
Employer Address	
Your email address	
Supervisor's email	
Supervisor's contact number	
Union (if applicable)	

How to enrol:

Email completed enrolment form to: lmott@vthc.org.au
 Telephone: (03) 9659 3511 or (03) 9663 5460 for any queries

Payment details:

Enclosed is cheque for \$_____ (Cost of course)

Course	Price
HSR Initial Metro	\$870 inc GST
HSR Initial Rural	\$895 inc GST
HSR Refresher Metro	\$330 inc GST
HSR Refresher Rural	\$350 inc GST

Send an invoice for the amount of \$_____ to the employer at the above address

Please charge the amount of \$_____ to:

Visa Bankcard MasterCard Amex

No:

Name on Card: _____

Expiry Date: ____ / ____ Signature: _____

NOTE: The VTHC OHS Training Centre reserves the right to refuse attendance at any course specific to Health & Safety Reps/Deputies by persons other than elected Health & Safety Representatives or deputies.