

# Health & Safety Training

SA Unions January—December 2018



## Commonwealth WHS Act 2011

SA Unions delivers the ACTU/SA Unions Comcare accredited Initial Health and Safety Representatives and Deputy Representatives training and 1 day Refresher, plus a range of other general WHS Courses.

Our specialist trainers and facilitators have many years experience in providing the highest quality training and are committed to delivering best practice through the design, delivery and content in a continual improvement cycle.

SA Unions courses are delivered in a relaxed friendly atmosphere with particular attention to participant interaction and acquiring hands-on-skills.

### COMMONWEALTH INITIAL

Level 1 HSR Training (5 days) for newly elected Health & Safety Representatives and Deputy Health & Safety Representatives who have not undertaken any approved HSR training.

Dates	Cost
9—13 April	\$929
4—8 June	
10—14 September	
3—7 December	

### COMMONWEALTH REFRESHER

Refresher HSR Training (1 day) for Health & Safety Representatives and Deputy Health & Safety Representatives who have undertaken the Level 1 (5 day) HSR training.

Dates	Cost
17 April	\$315
15 June	
15 October	

Please note: All course dates are subject to change

**Enrol via Course Application Form**

#### Enquiries

SA Unions H&S Training Unit | [saunions@saunions.org.au](mailto:saunions@saunions.org.au) | 08 8279 2248  
[www.saunions.org.au/hsrtraining](http://www.saunions.org.au/hsrtraining)

**Courses:** Courses are held at SA Unions, 170 Greenhill Road, Parkside (unless otherwise notified) 9.00 am—5.00 pm daily



SA UNIONS



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# SA Unions

is a provider of WHS training in SA

**Participants must be elected health & safety representatives**

## 2018 Commonwealth Course Enrolment Form

### WHAT TO DO:

Fill out the enrolment form  
Pass to your employer or manager to be signed  
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 (08) 8279 2248,  
or email us at saunions@saunions.org.au  
Visit our website : [www.saunions.org.au/hsrtraining](http://www.saunions.org.au/hsrtraining)

### WE WILL:

Advise you immediately if the course is full and offer you a place on the same course on a different date.  
Send you a confirmation letter with details of the course two weeks before the course starts.  
If a course is cancelled we will send notification of the cancellation to your employer and to the participant prior to the course commencement date.

**Note:** Should we not reach our minimum 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 issues please advise us.

### Your Details

Name .....

Postal Address .....

Are you a union member?

If yes, name of Union .....

Phone .....

Fax .....

Email .....

### YOUR SIGNATURE: .....

Are you an elected HSR? Yes / No

Are you a Deputy HSR? Yes / No

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

### YOUR EMPLOYER'S CONTACT DETAILS:

Name: .....

Postal Address .....

Type of Organisation .....

Phone .....

Fax .....

Email .....

**Purchase Order : ..... Date : .....**

### ADDRESS FOR INVOICING:

.....

Postal Address.....

.....

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

Phone .....

Fax .....

Email .....

Credit Card Details: Payment Method [ ] Visa [ ] Master card

Name of Card Holder: ..... Card Holder's signature .....

**Card Number:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Expiry of Date :** \_\_\_\_ / \_\_\_\_ **nb: 2.02% surcharge**

COURSE NAME (PLEASE FILL IN COURSE DETAILS)	COURSE DATE (S)	FEE (inc. GST)

EMPLOYER/MANAGER NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_