



SA UNIONS

is a provider of WHS training in SA
Commonwealth Course Enrolment Form

**Participants must be
elected Health & Safety
Representatives**

WHAT TO DO:

1. Fill out the enrolment form
2. Pass to your employer or manager to be signed and for payment to be arranged
3. Send the enrolment form to us
 - Mail: to SA Unions, 46 Greenhill Road, Wayville SA 5034
 - Fax: 8279 2223
 - Email: saunions@saunions.org.au

PAYMENT:

- 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 (3% surcharge)

COURSE FEES (GST inclusive) effective as of 1/1/12
Commonwealth Level 1: \$650

- A light lunch is provided daily - if you have any special dietary requirements please advise us prior to the course.

WE WILL:

1. Advise you immediately if the course is full and offer you a place on the same course on a different date.
2. Send you a confirmation letter with details of the course two weeks before the course starts.
3. If a course is cancelled we will fax notification of the cancellation to your employer 2 weeks prior to the course commencement date. A cancellation letter will be posted directly to the course participant.

Note: Should we not reach our minimum no of enrolments 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. More than 14 days before course commencement date = Full refund - Between 7-14 days before commencement date = 50% refund - Less than 7 days = No refund

- If you have any mobility/disability problems please advise us.

If you need more information, phone us on (08) 8279 2222, fax (08) 8279 2223
or email us at saunions@saunions.org.au Visit our website : www.saunions.org.au

YOUR DETAILS:

Name

Postal Address

Are you a union member? If yes, name of Union

Are you an elected Health and Safety Representative? Yes No

Phone

Fax

Email

YOUR SIGNATURE

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

YOUR EMPLOYER'S CONTACT DETAILS:

Name

Postal Address.....

Type of Organisation:.....

Phone

Fax

Email

Employer Information: It is a requirement of Commonwealth Introductory Training that participants attend off-site training. Employer permission must be given for participants to use their own vehicle if they wish.

ADDRESS FOR INVOICING:

Name

Postal Address

Phone

Fax

Email

Purchaser Order: Date:

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

ENROLMENT DETAILS:

COURSE NAME	COURSE DATE (S)	FEE (inc. GST)

EMPLOYER/MANAGER NAME: _____ **SIGNATURE:** _____

The participant nominated to attend is a Health and Safety Representative and has been elected under the Work Health and Safety Act 2011