HSR COURSE ENROLMENT FORM



EMPLOYER ENROLMENT

COURSE DETAILS: Please select one: Fees are inclusive of GST	5 day (Level 1) HSR Training Coul \$1165:00 pp 3 day (Level 2) HSR Training Coul		_	el 3) HSR Course: \$565:00 pp esher) HSR Course: \$300 pp	
	\$795:00 pp		* ' '	c Specific) HSR Course: \$300 pp	
Course Date:		Number of Par Course:	•		
SUBSIDIES: Safe Work SA offer subsidies which may apply. See details on Safe Work SA website: https://www.safework.sa.gov.au/health-safety/health-safety-representation/hsr-training Note: We reserve the right to pursue payment if incorrect subsidy is claimed.					
Is this the first time you have enrolled with PARAGONWHS? Yes No How did you hear about us?					
EMPLOYER DETAILS					
Employer Name:					
Type of organisation:					
Manager:					
Address:				Post Code:	
Phone: Email:				Mobile:	
Send Invoice to: Nam	e:	Email:			
Purchase Order No: (if required by employer) Purchase Order Date:			se Order Date:		
I acknowledge that I have read and understood the terms and conditions on the reverse of this form. I also understand that I am able to contact PARAGON WHS to clarify any queries relating to this information.					
Employer Signature: Date:				Date:	
Cheque or money Paragon Work Health and S PO Box 24 O'Sullivan Beach SA 5166		BSB: 015 4	net banking 50 o: 284 283 179		

Thank you for your enrolment - PLEASE SEE P. 2 FOR IMPORTANT INFORMATION

Please complete details of all participants on Page 3-4

Return this form and participant details by email to cate@paragonwhs.com

HSR COURSE ENROLMENT FORM TERMS AND CONDITIONS



PARAGON WHS 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 email with details of the course two weeks before the course starts.
- 3. If a course is cancelled we will send notification of the cancellation to you and your employer prior to the course commencement date.
- 4. Invoice booked places 30 days in advance of commencement, with payment due 7 days from invoice.

Note: Our minimum class number must be reached two weeks prior to course commencement, or the course may be cancelled. Participants will be notified and offered to enrol in another 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 than7 days = No refund

If you need more information, phone: 0407 828 879, email: <u>training@paragonwhs.com</u> or visit our website: <u>www.paragonwhs.com</u>

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HSR COURSE ENROLMENT FORM



Date of Birth/	
Last Name	First Names
Position:	
	State:Post code:
Contact Phone:	Mobile:
Email:	
Signature:	
Are you an elected HSR? Yes No	
Are you a deputy HSR? ☐ Yes ☐ No	
HSR ID No:	register for HSR ID
Do you have any mobility or disability requireme	nts? ☐ Yes ☐ No
Do you have any special dietary requirements?	☐ Yes ☐ No If Yes please specify
Do you have any special dietary requirements?	☐ Yes ☐ No If Yes please specify
	■ Yes ■ No If Yes please specify
Personal Details:	Yes No If Yes please specify Gender: M F
Personal Details: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms	
Personal Details: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms Date of Birth / /	Gender: M F
Personal Details: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms Date of Birth / / Last Name	Gender: □ M □ F First Names
Personal Details: Mr Mrs Miss Ms Date of Birth / / Last Name Position:	Gender: □ M □ F First Names
Personal Details: Mr Mrs Miss Ms Date of Birth / / Last Name Position: Address:	Gender:
Personal Details: Mr Mrs Miss Ms Date of Birth / / Last Name Position: Address: Contact Phone:	Gender: M F First Names State: Post code:
Personal Details: Mr Mrs Miss Ms Date of Birth / / Last Name Position: Address: Contact Phone: Email:	Gender:
Personal Details: Mr Mrs Miss Ms Date of Birth / / Last Name Position: Address: Contact Phone: Email: Signature:	Gender:
Personal Details: Mr Mrs Miss Ms Date of Birth / / Last Name Position: Address: Contact Phone: Email: Signature:	Gender:
Personal Details: Mr Mrs Miss Ms Date of Birth / / Last Name Position: Address: Contact Phone: Email: Signature: elected HSR? Yes No	Gender: M F First Names State: Post code: Mobile: Date: / Are you a
Personal Details: Mr Mrs Miss Ms Date of Birth / / Last Name Position: Address: Contact Phone: Email: Signature: elected HSR? Yes No No Are you a deputy HSR? Yes No	Gender: M F First Names State: Post code: Mobile: / Are you a

HSR COURSE ENROLMENT FORM



Personal Details:					
☐ Mr ☐ Mrs ☐ Miss ☐ Ms Gender: ☐ M ☐	∃ F				
Date of Birth / /					
Last NameFirst Names					
Position:					
Address:	State:Post code:				
Contact Phone:	Mobile:				
Email:					
Signature:	Date:/ Are you an				
elected HSR? ☐ Yes ☐ No					
Are you a deputy HSR? Yes No HSR ID No: NB: New HSRs should contact Safework SA to register for HSR ID					
Do you have any mobility or disability requirements? ☐ Yes ☐ No					
Do you have any special dietary requirements?					
Personal Details: Mr Mrs Miss Ms Gender: M M	3 F				
Date of Birth / /					
Last NameFirst Names					
Position:					
Address:					
Contact Phone:	Mobile:				
Email:					
Signature:	Date:/Are you an				
elected HSR?					
Are you a deputy HSR?					
Do you have any mobility or disability requirements? ☐ Yes ☐ No					
Do you have any special dietary requirements? ☐ Yes ☐ No If Yes ple	ase specify				