### **HSR COURSE ENROLMENT FORM**



## **EMPLOYER ENROLMENT**

COURSE DETAILS: Please select one: Fees are inclusive of GST	5 day (Level 1) HSR Training Course – \$1165:00 pp 3 day (Level 2) HSR Training Course – \$795:00 pp		☐ 2 day (Level 3) HSR Course: \$565:00 pp ☐ 1 day (Refresher) HSR Course: \$300 pp ☐ 1 day (Topic Specific) HSR Course: \$300 pp Topic:		
Course Date:		Number of Pa	•		
https://www.safework.sa	SA offer remote area subsidies which may a.gov.au/health-safety/health-safety-rep nt to pursue payment if incorrect subsidy is	resentation/hsr-		SA website:	
Is this the first time you	have enrolled with PARAGONWHS?	Yes 🗌 No 🗌	How did you	hear aboutus?	
EMPLOYER DETAILS					
Employer Name:					
Type of organisation:					
Manager:					
Address:				Post Code:	
Phone: Email:				Mobile:	
Send Invoice to: Name	e:	Email:			
, .	uired by employer)  read and understood the terms and cond	litions on the roya		se Order Date:	_
	y any queries relating to this information.	mons on me reve	rise or uns ionii. i	also understand that I am able to cont	acı
Employer Signature:				Date:	
Cheque or money Paragon Work Health and S PO Box 24 O'Sullivan Beach SA 5166		BSB: 015	rnet banking 450 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 <a href="mailto:cate@paragonwhs.com">cate@paragonwhs.com</a>

# 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 upon enrolment and then a reminder one week 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 788 030, email: cate@paragonwhs.com or visit our website: www.paragonwhs.com

## **HSR COURSE ENROLMENT FORM**



	Gender: ☐ M ☐ F
Date of Birth / /	First Names
	First Names
	State:Post code:
	Mobile:
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 re	gister for HSR ID
Do you have any mobility or disability requirement	s?□Yes □No
	5. <b>—</b> 100 <b>—</b> 110
Do you have any special dietary requirements?	Yes No If Yes please specify
Do you have any special dietary requirements?	
Do you have any special dietary requirements?  Personal Details:	
Personal Details:	
Personal Details:	Yes No If Yes please specify
Personal Details:  Mr Mrs Miss Ms  Date of Birth / /	Yes No If Yes please specify
Personal Details:  Mr Mrs Miss Ms  Date of Birth / /	Yes No If Yes please specify  Gender: M F  First Names
Personal Details:  Mr Mrs Miss Ms  Date of Birth / /  Last Name  Position:	Yes No If Yes please specify  Gender: M F  First Names
Personal Details:  Mr Mrs Miss Ms  Date of Birth / /  Last Name  Position:  Address:	Yes No If Yes please specify  Gender: M F First Names
Personal Details:  Mr Mrs Miss Ms  Date of Birth / /  Last Name  Position:  Address:  Contact Phone:	Yes No If Yes please specify  Gender: M F  First Names  State: Post code:
Personal Details:  Mr Mrs Miss Ms  Date of Birth / /  Last Name  Position:  Address:  Contact Phone:  Email:	Yes No If Yes please specify  Gender: M F  First Names  State:Post code: Mobile:
Personal Details:  Mr Mrs Miss Ms  Date of Birth / /  Last Name  Position:  Address:  Contact Phone:  Email:	Yes No If Yes please specify  Gender: M F  First Names  State: Post code:  Mobile:
Personal Details:  Mr Mrs Miss Ms  Date of Birth / /  Last Name  Position:  Address:  Contact Phone:  Email:  Signature:	Yes No If Yes please specify  Gender: M F  First Names  State: Post code:  Mobile:
Personal Details:  Mr Mrs Miss Miss  Date of Birth / /  Last Name  Position:  Address:  Contact Phone:  Email:  Signature:  Are you an elected HSR? Yes No	Gender: M F  First Names  State: Post code:
Personal Details:  Mr Mrs Miss Ms  Date of Birth / /  Last Name  Position:  Address:  Contact Phone:  Email:  Signature:  Are you an elected HSR? Yes No  Are you a deputy HSR? Yes No	Gender: M F  First Names  State: Post code:  Mobile:  Date: / /

## HSR COURSE ENROLMENT FORM



Personal Details:					
☐ Mr ☐ Mrs ☐ Miss ☐ Ms Gender: ☐ M ☐	<b>l</b> F				
Date of Birth / /					
Last Name First Names					
Position:					
Address:	State:Post code:				
Contact Phone:	Mobile:				
Email:					
Signature:	Date:/				
Are you an elected HSR?					
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? ☐ Yes ☐ No If Yes please specify					
Personal Details:  ☐ Mr ☐ Mrs ☐ Miss ☐ Ms Gender: ☐ M ☐  Date of Birth / /	<b>1</b> F				
Last NameFirst Names _					
Position:					
Address:	State: Post code:				
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 mobility of disability requirements!   1es 1es 10					