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| **SAFETY AND HEALTH REPRESENTATIVES COURSE REGISTRATION FORM**  To ensure prompt processing of your application, please fill in ALL sections of this form and return via email to [oshtraining@ecu.edu.au](mailto:oshtraining@ecu.edu.au) or fax (08) 6304 2944.  If you have any queries please do not hesitate to contact the SER office on (08) 6304 2302. |

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| **Part 1. REGISTRATION INFORMATION** |

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|  | **Course Type** | **Please Tick** | | Nominated Course Dates: | | | | | | | |
|  | Refresher |  | |
| 5 day Course |  | |
|  | Title: | | | Gender: Male / Female | | | | | | Date of Birth: | |
|  | Surname / Family Name: | | | | | | | Given Name(s): | | | |
|  | Preferred Name: | |  | | | | | | | | |
|  |  | |  | | | | | | | | |
|  | Street address or PO Box: | |  | | |  | | | | | |
|  |  | |  | | |  | | | | | |
|  | Suburb: | | | | State: | | | | | | Post Code: |
|  | Private Phone: | | | | Private email: | | | | | |  |
|  | Organisation Name: | | | | Postal Address: | | | | | | |
| ABN: | | | |
|  | Work Phone: | | | | Work email: | | | | | | |
|  | Occupation: | | | | | | Industry: | | | | |
|  | Employer / Invoice Contact Name: | | | | | | | | | | ABN: |
|  | Invoice Contact Email / Phone No.: | | | | | | | | Purchase Order No: | | |
|  | **Please note credit card payment options are highlighted on the invoice supplied once registration has been confirmed.** | | | | | | | | | | |

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| **Part 2. REGISTRATION AND CANCELLATION POLICY** |

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| The University will email you confirmation upon receipt of your registration.  If you need to withdraw your registration, the University must be notified at least 10 working days before course commencement. If more than 5 working days but less than10 working days before course commencement there will be a $60.00 administration charge. If less than 5 working days but more than 2 working days before course commencement there will be a 50% of the fee charge. If less than 2 working days before course commencement there will be 100% of the fee charge. If you wish to transfer to another course date at least two working days before course commencement no fee will be charged. Where there is a substitution no fee will be charged. |

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| **Part 3. PARTICIPANT AND EMPLOYER ACKNOWLEDGEMENT** |

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| Signature of Applicant: | Date: |
| Signature of Employer: | Date: |