



ERGOSH
Safety Management Services Pty Ltd

ABN 14 081 821 552

ANNUAL REFRESHER COURSE FOR HEALTH AND SAFETY REPRESENTATIVES (SCHOOLS)

(WorkSafe Victoria Approved - 1 Day Course)

Course Presenter

Gary Thompson
MAppSc(OHS), MRES

When

Next scheduled course:

Wed. 1st September, 2010

8.30 am to 4.30 pm

Where

ERGOSH
Unit 2 / 75 River Street
Richmond 3121

Melways 2H G6
or 44 J9

The *Occupational Health and Safety Act 2004* makes provision for Health and Safety Representatives, and Deputy Health and Safety Representatives, to attend a one day refresher course once in each year. This course is approved by WorkSafe Victoria as refresher training under the Act. It will provide participants in school workplaces with the opportunity to update their health and safety knowledge including any changes to the *Occupational Health and Safety Act 2004* and the new *Occupational Health and Safety Regulations 2007*.

The topics covered include:

- An update on health and safety legal obligations
- Arrangements for employee involvement and consultation
- An update on the role of the Health and Safety Representative
- A review of hazard management and risk control

Who should attend?

Health and safety representatives, deputy health and safety representatives, health and safety committee members, and those persons responsible for co-ordinating the implementation of health and safety within their schools.

Enquiries regarding this course may be directed to Yan Guo on (03) 9427 7122.

Please post the registration form and cheque payable to ERGOSH to

ERGOSH, Unit 2 / 75 River Street, Richmond 3121
or fax the registration form to (03) 9427 0311

Registration Fee

\$230 (Includes GST)

(Fee includes detailed course notes, lunch, morning and afternoon tea.)

Registration

Unit 2 / 75 River Street
Richmond 3121 VIC

Ph: (03) 9427 7122
Fax: (03) 9427 0311

Course Date: _____

Course Title: **Annual Refresher Course - Health and Safety Representatives (Schools)**

School: _____

Contact Person Name: _____ Title: _____

Email: _____

Address: _____

_____ Postcode: _____

Telephone: _____ Facsimile: _____

Please enclose payment: *Payments by cheque should be made payable to ERGOSH.*

Cheque MasterCard Visa Invoice us Purchase Order No: _____

Card number:

Expiry date: ___/___ Cardholder Name: _____

Signature: _____

Attendee Surname	First Name	Title/Position	Course fee	Total Cost
			\$230	
			Total including GST \$	