



**ERGOSH**  
Safety Management Services Pty Ltd

ABN 14 081 821 552

# ANNUAL REFRESHER COURSE FOR HEALTH AND SAFETY REPRESENTATIVES

*(WorkSafe Victoria Approved - 1 Day Course)*

## Course Presenter

**Gary Thompson**  
MAppSc(OHS), MRES

## When

**Next scheduled course:**

**10<sup>th</sup> September, 2009**

**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 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 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, health and safety committee members, and those persons responsible for co-ordinating the implementation of safety within their workplace.

*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 for Health and Safety Representatives**

Organisation: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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 \$	