

## Annual Refresher Course for Health and Safety Representatives

### WorkSafe Victoria Approved 1-Day Course

#### WorkSafe Victoria Approved Training

#### When

21 June, 2012

8.30am to 4.30pm

#### Where

**ERGOSH**  
Unit 2/75 River Street  
Richmond 3121

Directly opposite  
Palmer Street

Melways: 2H G6 or  
44 J9

#### Registration Fee

\$250 (Includes GST)

Includes detailed  
course notes, lunch,  
and refreshments

*NOTE: Please inform  
ERGOSH regarding special  
dietary requirements*

#### Registration

**ERGOSH**  
Unit 2/75 River Street  
Richmond 3121

Phone: (03) 9427 7122

Fax: (03) 9427 0311

#### Course Presenters

Colin McLean  
MAppSc(OHS), FSIA

Gary Thompson  
MAppSc(OHS), MRES

The *Occupational Health and Safety Act 2004* (s67) 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 *Occupational Health and Safety Regulations 2007*.

#### The topics covered include:

- An update on legal obligations for health and safety
- Arrangements for employee involvement and consultation
- An update on the rights and powers 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.

**For inquiries regarding this course contact Yan Guo on (03) 9427 7122.**

Please post this registration form and cheque made payable to ERGOSH  
to:

**ERGOSH, Unit 2/75 River Street, Richmond 3121**

or:

fax this registration form to (03) 9427 0311

#### Registration Details for 1-Day OHS Course (Course Code: 12R06)

Course Date: \_\_\_\_\_ / 2012

Course Title: Annual Refresher Course for Health and Safety Representatives

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Payment Method Cheque:  Invoice Us:  Purchase Order:  PO No: \_\_\_\_\_

MasterCard:  Visa:  Expiry Date: \_\_/\_\_/\_\_

Card Number:

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Attendee Surname	First Name	Title/Position	Phone Contact	Course Fee
				\$250
<b>Total Cost (GST inclusive) \$</b>				