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

**WorkSafe Victoria Approved Training**

### When

**25 Jan, 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: 12R01)**

**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 |
| | | | | |
| | | | | |
| | | | **Total Cost (GST inclusive) $** | |