

# **HSR ENROLMENT FORM**

## Enrolment methods/instructions

**Email** To submit, please email your completed form to [tennille@returntoworkplus.com.au](mailto:tennille@returntoworkplus.com.au)

<p><b>Course Fee</b></p> <p>Total fee \$1096.70. All course fees are inclusive of GST and include course material and refreshments.</p> <p><b>Entitlement</b></p> <p>Under section 67 of the OHS Act 2004 HSRs and deputy HSRs are entitled to attend a WorkSafe approved HSR course and choose the course in consultation with their employer.</p> <p><b>Confirmation</b></p> <p>We will confirm receipt of your enrolment and then 10 business days prior to the scheduled date of the course we will confirm your attendance and provide venue information.</p> <p><b>Refund policy/cancellation</b></p> <p>Cancellations are accepted up to 14 business days prior to the scheduled course date. After that date, the full course fee is payable.</p> <p>No refund will be made for non-attendance on the day. We welcome a substitute participant if you cannot attend.</p> <p>RTW Plus reserve the right to cancel a course if necessary. If a course is cancelled, we will make every effort to contact you and no payment will be required.</p> <p><b>Attendance</b></p> <p>Participants must attend all 5 days to receive a certificate of attendance. In the case of non-attendance due to illness, participants may reschedule to a later course. Participants will be given an opportunity to attend a make-up session for any days missed. The course must be completed within 6 months of commencement.</p> <p><b>Privacy</b></p> <p>Information collected on this form is used by RTW Plus to manage your registration and course participation.</p> <p><b>Complaints</b></p> <p>Refer to the information available on the RTW Plus website <a href="http://www.returntoworkplus.com.au">www.returntoworkplus.com.au</a></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="background-color: #ADD8E6; text-align: left; padding: 5px;"><b>COURSE DETAILS</b></th> </tr> <tr> <td style="width: 50%; padding: 5px;"> <p><b>Title of course:</b></p> <p>Please tick</p> </td> <td style="padding: 5px;"> <p><input type="checkbox"/> HSR Initial OHS Training Course</p> <p><input type="checkbox"/> HSR Refresher OHS Training Course – Plant</p> <p><input type="checkbox"/> HSR Refresher OHS Training Course – Work-related stress</p> <p><input type="checkbox"/> HSR Refresher OHS Training Course – Work-related violence</p> </td> </tr> <tr> <td style="padding: 5px;"> <p><b>Course Dates &amp; location:</b></p> </td> <td style="padding: 5px;"> <p>5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 15<sup>th</sup> and 16<sup>th</sup> September 2022</p> <p>Centre for Participation, Horsham</p> </td> </tr> <tr> <th colspan="2" style="background-color: #ADD8E6; text-align: left; padding: 5px;"><b>YOUR DETAILS</b></th> </tr> <tr> <td style="padding: 5px;"><b>Name:</b></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"><b>Position:</b></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"><b>Organisation:</b></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"><b>Postal Address:</b></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"><b>Phone (work):</b></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"><b>Mobile:</b></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"><b>Email address:</b></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"><b>Emergency contact:</b></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"><b>Emergency contact no:</b></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"><b>Other details:</b></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"><b>Special needs:</b></td> <td style="padding: 5px;"> <p>Please note any special needs (physical, dietary, sensory, or access requirements etc.)</p> </td> </tr> <tr> <th colspan="2" style="background-color: #ADD8E6; text-align: left; padding: 5px;"><b>PAYMENT OPTIONS</b></th> </tr> <tr> <td style="padding: 5px;"><b>Cheques made payable to:</b></td> <td style="padding: 5px;">RTW Plus</td> </tr> <tr> <td style="padding: 5px;"><b>Direct Deposit can be made to:</b></td> <td style="padding: 5px;"> <p>BSB: 063 737</p> <p>Acc No: 1005 2616</p> </td> </tr> <tr> <th colspan="2" style="background-color: #ADD8E6; text-align: left; padding: 5px;"><b>PARTICIPANT DECLARATION</b></th> </tr> <tr> <td colspan="2" style="padding: 5px;"> <p>I understand and accept the terms and conditions of this enrolment</p> </td> </tr> <tr> <td style="padding: 5px;"><b>Signature of participant:</b></td> <td style="padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <p><small>Note: by typing your name here you are signing this application electronically</small></p> </td> </tr> <tr> <td style="padding: 5px;"><b>Date:</b></td> <td style="padding: 5px;"></td> </tr> </table>	<b>COURSE DETAILS</b>		<p><b>Title of course:</b></p> <p>Please tick</p>	<p><input type="checkbox"/> HSR Initial OHS Training Course</p> <p><input type="checkbox"/> HSR Refresher OHS Training Course – Plant</p> <p><input type="checkbox"/> HSR Refresher OHS Training Course – Work-related stress</p> <p><input type="checkbox"/> HSR Refresher OHS Training Course – Work-related violence</p>	<p><b>Course Dates &amp; location:</b></p>	<p>5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 15<sup>th</sup> and 16<sup>th</sup> September 2022</p> <p>Centre for Participation, Horsham</p>	<b>YOUR DETAILS</b>		<b>Name:</b>		<b>Position:</b>		<b>Organisation:</b>		<b>Postal Address:</b>		<b>Phone (work):</b>		<b>Mobile:</b>		<b>Email address:</b>		<b>Emergency contact:</b>		<b>Emergency contact no:</b>		<b>Other details:</b>		<b>Special needs:</b>	<p>Please note any special needs (physical, dietary, sensory, or access requirements etc.)</p>	<b>PAYMENT OPTIONS</b>		<b>Cheques made payable to:</b>	RTW Plus	<b>Direct Deposit can be made to:</b>	<p>BSB: 063 737</p> <p>Acc No: 1005 2616</p>	<b>PARTICIPANT DECLARATION</b>		<p>I understand and accept the terms and conditions of this enrolment</p>		<b>Signature of participant:</b>		<p><small>Note: by typing your name here you are signing this application electronically</small></p>		<b>Date:</b>	
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