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| WorkSafe Victoria Approved SysTec1 DAY REFRESHER AND 5 DAY INITIAL HSR TRAINING REGISTRATION FORM |
| Business Information |
| Name and Position of Person Approving Training:  |
| Organization Name:  | ABN:  | Industry:  |
| Business Address:  |
| City:  | State:  | ZIP Code:  |
| Email:  | Telephone:  | Fax:  |
| If different to above - Person to be contacted in relation to Training  |
| Payment Method:  | Email Address:  | Telephone:  |
| Course Required – Please click on box | 1 Day Refresher (completed 5 Day HSR) [ ]  | 5 Day HSR (Full Training Course) [x]  |
| Dates of Course: 2/12/2019 3/12/2019 |
| 9/12/2019 10/12/2019 11/12/2019  |
| Attendee Details 1 |
| Name: Gender: F [ ]  M [ ]  |
| Position  | Emergency Contact and No  |
| Phone:  | E-mail:  | DOB:  |
| Date of Course: 11/02/2015 | (for 1 Day only) Completed 5 Day HSR YES[x]  NO[ ]  | Relevant Learning Disability: Yes[ ]  No[ ]  |
| Attendee Details 2 |
| Name: Gender: F [ ]  M [ ]  |
| Position:  | Emergency Contact and No:  |
| Phone:  | E-mail:  | DOB:  |
| Date of Course:  | (for 1 Day only) Completed 5 Day HSR: YES[x]  NO[ ]  | Relevant Learning Disability: Yes[ ]  No[ ]  |
| Attendee Details 3 |
| Name: Gender: F [ ]  M [ ]  |
| Position:  | Emergency Contact and No:  |
| Phone:  | E-mail:  | DOB:  |
| Date of Course:  | (for 1 Day only) Completed 5 Day HSR YES[x]  NO[ ]  | Relevant Learning Disability: Yes[ ]  No[ ]  |
| Attendee Details 4 |
| Name: Gender: F [ ]  M [ ]  |
| Position:  | Emergency Contact and No:  |
| Phone:  | E-mail:  | DOB:  |
| Date of Course:  | (for 1 Day only) Completed 5 Day HSR YES[x]  NO[ ]  | Relevant Learning Disability: Yes[ ]  No[ ]  |
| Attendee Details 5 |
| Name: Gender: F [ ]  M [ ]  |
| Position:  | Emergency Contact and No:  |
| Phone:  | E-mail:  | DOB:  |
| Date of Course:  | (for 1 Day only) Completed 5 Day HSR YES[ ]  NO[ ]  | Relevant Learning Disability: Yes[ ]  No[ ]  |
| Attendee Details 6 |
| Name: Gender: F [ ]  M [ ]  |
| Position:  | Emergency Contact and No:  |
| Phone:  | E-mail:  | DOB:  |
| Date of Course:  | (for 1 Day only) Completed 5 Day HSR YES[ ]  NO[ ]  | Relevant Learning Disability: Yes[ ]  No[ ]  |
| Attendee Details 7 |
| Name: Gender: F [ ]  M [ ]  |
| Position:  | Emergency Contact and No Click here to enter text. |
| Phone:  | E-mail:  | DOB:  |
| Date of Course:  | (for 1 Day only) Completed 5 Day HSR YES[ ]  NO[ ]  | Relevant Learning Disability: Yes[ ]  No[ ]  |

**Please use a new form for registering additional attendees and save each as Organisation name 1, 2..**