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| WorkSafe Victoria Approved SysTec  1 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) |
| 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 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 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 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 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..**