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| **FST COURSE ENROLMENT FORM**  **Introductory Health and Safety Representative Training Course TAFE East Perth**  ***PLEASE ENTER PREFERRED COURSE DATE:*** | | | | |
| **All information provided is strictly confidential and used only for WorkSafe WA reporting requirements. Please print neatly.** | | | | |
| **1. Participant details** | | | | |
| **Are you an elected Health and Safety Representative?**  **YES**  **NO** | | | | |
| **Given name/s:** | | | **Surname/family name:** | |
| **Date of birth:** | | | * **Male**  **Female**  **Prefer not to say** | |
| **Home address:** | | | | |
| **Mobile phone number:** (We need this so we can SMS you a course reminder) | | | | **Business phone number:** |
| **Personal email address:** | | **Work email address:** | | |
| **Occupation:** | | | | |
| **Where do you usually work in your current job?**  **Metropolitan area**  **Non-metropolitan area** | | | | |
| **Work address:** | | | | |
| **In which country were you born?** | | | | |
| * **Australia** | * **Another country** – please specify: | | |  |
| **Do you speak a language other than English at home?** | | | | |
| * **NO,** English only | * **YES** – please specify: |  |  |  |
| **Do you consider yourself to have a disability, impairment or long‐term condition?** | | | | |
| **NO ‐** go to question 2 **YES ‐** Please select the area(s) in the list below *(You may select more than one area)*   * Hearing/deaf  Learning  Vision * Physical  Mental illness  Medical condition * Intellectual  Acquired brain impairment  Other | | | | |
| **Do you need any additional support to complete this training course?** | | | | |
| * **NO**  **YES –** Please specify support required or contact FST to discuss your requirements: | | | | |
| **2. Employer details** | | | | |
| **Employer’s name:**  **Employer’s address:** | | | | |
| **My employer has given me permission to attend this course**  **YES**  **NO** | | | | |

**Please complete the next page of this form**

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| **3. Attendance authorisation and invoicing details** | | |
| **Details of the person to whom the invoice should be forwarded** | | |
| **Name:** | **Phone No:** | |
| **Email:** | **Signature:** | |
| **Cost Centre (if applicable):** | **Purchase Order No (if applicable):** | |
| **4. Please tick the category below which best describes your employer’s industry:** | | |
| * Accommodation & Food Services | | * Professional, Scientific & Technical Services |
| * Agriculture, Forestry & Fishing | | * Public Administration and Safety |
| * Arts and Recreational Services | | * Administrative & Support Services |
| * Construction | | * Other Services |
| * Education and Training | | * Rental, Hiring and Real Estate Services |
| * Electricity, Gas & Waste Services | | * Retail Trade |
| * Financial & Insurance Services | | * Transport, Postal and Warehousing |
| * Health Care & Social Assistance | | * Wholesale trade |
| * Information Media & Telecommunications | | * NOPSA |
| * Manufacturing | | * Seafarers |
| * Mining (Onshore – Resources Safety) | | * Other: *(please describe)* |
| **5. Please tick the category below which best describes your occupation:** | | |
| * **Managers and Administrators** including SchoolPrincipals, Directors, Mine Managers, Farm, Managers, Managing Supervisors, Commissioned Police Officers, Chief Executives, Trade Union Secretaries | | |
| * **Professionals** including Chemists, Teachers, Architects, Accountants, Engineers, Geologists, Metallurgists, Journalists, Actors, Librarians, Public Relations Officers, Registered Nurses | | |
| * **Para‐Professionals** including Technicians, Police Officers, Ships Captains, Welfare Officers, Safety Inspectors, Prison Officers | | |
| * **Tradespersons** including Fitters, Welders, Tilers, Hairdressers, Chefs, Tailors, Mechanics, Gardeners, Apprentices | | |
| * **Clerks** including Typists, Secretaries, Messengers, Computer Operators, Bookkeepers, Telephonists, Teachers Aides, Law Clerks | | |
| * **Salespersons and Personal Service Workers** including Travel Agents, Enrolled Nurses, Dental Nurses, Waiters, Insurance Brokers, Sales Representatives, Tellers, Cashiers, Beauty Therapists | | |
| * **Plant and Machine Operators** including Bus Drivers, Forklift Drivers, Crane Operators, Press Operators, Processing Machine Operators, Treatment Plant Operators, Mining Equipment Operators | | |
| * **Labourers and Related Workers** including Trades Assistants, Factory Hands and Cleaners, FarmHands, Meat Packers, Process Workers, Scaffolders, Riggers, Security Officers, Fishing Workers, Deckhands, Labourers, Miners | | |
| * **Not Stated/Other** *(please describe)***:** | | |
| **Please submit this enrolment form to:**  **EMAIL 1**: [enrolment@felgatesafetytraining.com.au](mailto:admin@felgatesafetytraining.com.au) **OR**  **EMAIL 2**: [Felgate.safety@bigpond.com](mailto:Felgate.safety@bigpond.com) | | |