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| **FST COURSE ENROLMENT FORM**  **Health and Safety Representative Refresher Training Course**  **COURSE DATE:** | | | | | |
| **All information provided is strictly confidential and used only for statistical reports required by WorkSafe WA. PLEASE PRINT NEATLY** | | | | | |
| **1. Participant details** | | | | | |
| **Are you an elected Health and Safety Representative?**  **YES**  **NO** | | | | | |
| **Surname/family name:** | | **Given name/s:** | | | |
| **Residential or postal address** (please include postcode)**:** | | | | | |
| **Employer’s name and address:** | | | | | |
| **Where do you usually work:**  **Metropolitan area**  **Regional area**  **Remote area** | | | | | |
| **Occupation:** | | | | | |
| **Date of birth:** | |  **Male**  **Female**  **Prefer not to state** | | | |
| **Mobile phone:** (Required so we can text you a course reminder) | | **Business phone number:** | | | |
| **Personal email address:** | | **Work email 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: | | | | | |
| **PLEASE COMPLETE PAGE 2 OF THIS FORM** | | | | | |

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| **2. Attendance authorisation and invoicing** | | |
| **Details of person authorising course attendance:** | | |
| **Name:** | | **Email:** |
| **Position:** | | **Phone no:** |
| **Signature:** | | |
| **Cost Centre (if applicable):** | | **Purchase Order No (if applicable):** |
| **3. 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)* | |
| **4. Please tick the category below which best describes your occupation:** | | |
| * **Managers and Administrators** including School Principals, 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, Farm Hands, Meat Packers, Process Workers, Scaffolders, Riggers, Security Officers, Fishing Workers, Deckhands, Labourers, Miners | | |
| * **Not Stated/Other***(please describe)***:** | | |
| **Please email this enrolment form to**:  **enrolment@**[**felgatesafetytraining.com.au**](mailto:admin@felgatesafetytraining.com.au) | | |