



ACCREDITED SAFETY COURSES ENROLMENT FORM

Insert Course dates below that will be attended

- Modules 1 – 3 (30596QLD)
- Module 4 (Elective for Construction) (30596QLD)
- Module 5 (Elective for Industry) (30596QLD)
- Module 6 (Elective for Services) (30596QLD)
- Recertification (30523QLD)
- Current WHSO I.D. number
- Elective Requiring Reaccreditation: Service Construction Industrial
- Safety Representative (30630QLD)
- Safety Representative PINS Module (WHSR04A)
- Fire Safety Adviser Program
- Certificate IV in Occupational Health (BSB41407)
- Company
- Address
- Postcode
- Telephone FAX

AUTHORISING PERSON

Name Signature

Position

PARTICIPANT/S NAME

POSITION

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To become a qualified Safety Officer both Modules 1-3 and Modules 4, 5 or 6 must be completed, as required by Workplace Health and Safety Queensland. Elective Modules 4 & 5 may not always be offered to the public depending on numbers of students. Please contact our office for information on Modules 4 & 5.

To maintain qualification as a Workplace Health & Safety Officer (WHSO) you must successfully complete a Recertification course every 5 years. Note - that it is a prerequisite of doing the Recertification course that you must hold a current WHSO I.D. card.

Individual needs (Optional)

To enable you to fully benefit from this course, it is important that your trainer/assessor is aware of your individual needs. Please inform us of any medical condition, disability, cultural consideration, literacy or numeracy need that may affect your full or effective participation in this course. This information will be kept strictly confidential.

If applicable, please provide relevant details here:

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Is English your native language? Yes / No

If not, how long have you spoken or been learning English?

Do you need help reading or writing English? Yes / No

Do you have any difficulty understanding spoken English? Yes / No

How did you find out about this course? (*Please tick*)

- Advertisement (if yes, please indicate where you saw it advertised)
- My employer recommended it to me
- A friend or relative recommended it to me
- Website
- Other - please specify

To register for the course, please forward this enrolment form to:

DRA Safety Specialists
PO Box 1774
OXENFORD QLD 4210

Or email to: sharon@drasafety.com.au or Fax: 5580 6366

For further information, please contact Sharon Randall on (07) 5573 6199. Refer to refund policy in Code of Practice attached.