

COURSE REGISTRATION FORM

To register for the course, please forward your completed registration form to: rtomanager@drasafety.com.au or fax 07 5580 6366 or post to DRA Safety Specialists PO BOX 1774 Oxenford Qld 4210
For assistance please contact our office on 07 5573 6199

Please attach a clear photocopy of Proof of Identification

This can be a current driver's licence or other form of photo ID

	COURSE NAME (Please mark your course selection on the left)	COURSE DATE (Please write your selected date)
	WORK HEALTH SAFETY REPRESENTATIVE	
	WHSQ-HSR-NCB01 Safety Representative	
	**WHSQ-HSR-RFS01 Safety Representative (Re-Certification/Refresher)	
**Evidence of completion of the Initial 5 day HSR training program will need to be provided		
	WORK HEALTH SAFETY ADVISOR – You must complete the core modules plus one elective to receive the qualification	
	13012NAT Work Health Safety Advisor (Core modules all industries)	
	Work Health Safety Advisor Electives:	
	WHSMCS406A - Services	
	WHSMCS404A - Construction	
	WHSMCS405A -Industrial	
	WHSMCS404A & WHSMCS405A - Construction & Industrial	
	FIRE SAFETY ADVISER	
	Fire Safety Adviser	
	***Fire Safety Adviser (Re-Certification/Refresher)	
*** Evidence of completion of the Initial 2 day FSA training program will need to be provided		
	ON LINE DELIVERY QUALIFICATIONS	
	BSB41412 - Certificate IV Work Health & Safety	
	BSB51312 - Diploma of Work Health & Safety	

COMPANY INFORMATION

Company Name	ABN	
Postal Address		
Purchase Order #		
Telephone		

AUTHORISATION (Approval Officer for Invoices – Purchase Order Number Required)

Authoriser Name	Position	
Email Address to forward invoice		

I hereby give permission to have my Certificate sent directly to my Employer

Yes No

1 PERSONAL DETAILS

Title Mr Mrs Miss Ms Dr Other

Family Name _____ Given Names _____

Postal Address _____

Suburb _____ Postcode _____

Email _____

Date of Birth _____ Gender _____

Mobile _____ Work _____

Emergency Contact _____ Phone / _____

INSTRUCTIONS:

Fill in all sections clearly and carefully by writing in block letters. Information requested on this form is for national database and tracking purposes and assists in ongoing qualification issuance as required. All data is confidential and is not forwarded to any other party with the sole exception of the national statistical database to inform future federal funding in Vocational Training.

2 LANGUAGE AND CULTURAL DIVERSITY

Are you of aboriginal or Torres Strait Islander origin? No
(For persons of both Aboriginal and Torres Strait Islander origin, mark both "yes") Yes, Aboriginal

Yes, Torres Strait Islander

Were you born in Australia? Yes No
If not, please specify: _____

Do you speak a language other than English at home? Yes No

If yes, please specify: _____

Do you require assistance with reading or writing English? Yes No

Will you require extra learning assistance Yes No

How did you hear about this course?

Employer Website
 Friend/Relative Google
 Other *(Please specify)*: _____
 Advertisement *(Where?)*: _____

3 DISABILITY

Do you consider that you have a disability, impairment, or long-term condition?
(Please tick ANY applicable boxes)

No Learning
 Hearing/Deafness Mental Illness
 Vision Physical
 Intellectual Acquired Brain Impairment
 Other *(Please List)* _____

Do you have any dietary requirements?
(Please tick ANY applicable boxes)

No Diabetic
 Vegetarian Vegan
 Lactose Intolerant Gluten Intolerant
 Allergies *(Please list)* _____

4 SCHOOLING

Are you still attending secondary school? Yes No

What is your highest completed school level? _____

In which year did you complete that school level? _____

5 PREVIOUSLY ACHIEVED QUALIFICATIONS

Have you successfully completed any of the following qualifications?

Yes *(please tick ANY applicable boxes)* No
 Bachelor Degree or Higher Degree
 Advanced Diploma or Associate Degree
 Diploma (or Associate Diploma)
 Certificate IV (or Advanced Certificate/Technician)
 Certificate III (or Trade Certificate)
 Certificate II
 Certificate I
 Certificates other than the above

6 EMPLOYMENT

Of the following categories, which BEST describes your current employment status? *(Tick ONE box only)*

Full-time Employed – unpaid family business worker
 Part-time Unemployed – seeking full-time work
 Self-employed Unemployed – seeking part-time work
 Employer Not employed – not seeking employment

7 STUDY REASON

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship /apprenticeship?
(Tick ONE box only)

To get a job
 To start my own business
 To get a better job or promotion
 I wanted extra skills for my job
 For personal interest or self-development
 To develop my existing business
 To try for a different career
 It was a requirement of my job
 To get into another course of study
 Other reasons

DRA Safety Specialists

Unique Student Identifier (USI)

From January 1st 2015, under Australian Government legislation every person who is enrolled with a registered training organisation (RTO) such as DRA Safety, must have a UNIQUE STUDENT IDENTIFIER (USI) before any statements of attainment or certificate can be issued by the RTO. You will be required to insert you USI on all enrolment forms from that date.

To obtain your USI visit www.usi.gov.au. There is no fee when applying for your USI.

Unique Student Identifier (USI) number :

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Note: If you would like DRA Safety to obtain a USI on your behalf, please complete & sign the section below and include a copy of your identification. Please note the copy of your identification will be destroyed immediately after registration of your USI.

Signed: _____ Date: ____/____/____

Personal Details

Title	Family Name	First Name	Middle Name/s
Date of birth	Place of birth	Driver's License number	
Residential Address (cannot be a P.O. Box)		Town/City	State
Postal Address (if different from residential)			Postcode
Work	Mobile	E-mail	
Employer Name (if applicable)			
Employer Address		Town/City	State
Employer Contact Number /		Employer Contact E-mail	

Note: Items marked with an asterisk (*) are compulsory.

Cancellation Guidelines

FEES & CHARGES

All clients of DRA Safety Specialists pay an agreed fee upon completion of the program which they are undertaking. Please note – Payment can be made by EFT, Cheque or Cash. Credit Card facilities are available with a surcharge.

REFUND POLICY

Courses may be cancelled up to seven working days prior to commencement of course, either transferring to another date or receiving a full refund. Registration cancelled less than seven working days but before 3 days prior to commencement of a course will incur a 25 % cancellation / transfer fee. If no cancellation/transfer notice is received, or cancellation/transfer is made with less than 3 days' notice, no refund will be issued.

*Fees may be refunded at the discretion of DRA Safety Specialists management under some circumstances.

You may substitute another Participant at any time prior to course commencement date should the nominated person be unable to attend. Notification to the company business administrator in such changes is imperative.

DRA Safety Specialists reserves the right to cancel or postpone a course to an alternative date. All registered Participants affected by such changes will receive a full refund or be offered the opportunity to transfer to the next available course program date.

No refunds will be made after the commencement of the course unless the Participant can provide a medical certificate or show extreme personal hardship. In this case, fees may be refunded on a pro-rata basis at the discretion of DRA Safety Specialists management.

GUARANTEE

DRA Safety Specialists offers a money back guarantee to any participant who is not satisfied with the standard of our training program. This applies at any time during a course and only requires that the complaint be made in writing to ensure that we have it on record.

I confirm the accuracy of this information and agree to the terms regarding payment and cancellation of my enrolment.

Student Signature		Date	/ /
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