

## COURSE REGISTRATION FORM

	<b>COURSE NAME (Please mark your course selection)</b>	<b>COURSE DATE</b>
		(Please write your selected date)
	<b>WORK HEALTH SAFETY REPRESENTATIVE</b>	
	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	
	<b>WORK HEALTH SAFETY ADVISOR –</b> You must complete the core modules plus one elective to receive the qualification	
	13012NAT Work Health Safety Advisor (Core modules all industries)	
	<b>Work Health Safety Advisor Electives:</b>	
	WHSMCS406A - Services	
	WHSMCS404A - Construction	
	WHSMCS405A -Industrial	
	WHSMCS404A & WHSMCS405A - Construction & Industrial	
	<b>FIRE SAFETY ADVISER</b>	
	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	
	<b>ON LINE DELIVERY QUALIFICATIONS</b>	
	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	

### REFERRAL (How did you hear about the course)

Advertisement (where did you see advertised)	<input type="checkbox"/>	Employer recommendation	<input type="checkbox"/>	Friend or relative recommendation	<input type="checkbox"/>	Website	<input type="checkbox"/>	Other (Please Specify)	
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### LANGUAGE AND LEARNING (please circle)

Do you require assistance with reading or writing English                      Yes      No  
 Will you require extra learning assistance    Yes      No

To register for the course, please forward your completed registration form to: [rtomanager@drasafety.com.au](mailto: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

**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.

**1 PERSONAL DETAILS**

Mr  Mrs  Miss  Ms  Dr  Other

Family Name: \_\_\_\_\_

Given Names: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Emergency/Next of Kin Contact Details: Name \_\_\_\_\_ Phone: \_\_\_\_\_

**2 EMPLOYMENT DETAILS**

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/Suburb: \_\_\_\_\_ Telephone: \_\_\_\_\_

***I hereby give permission to have my Certificate sent directly to my Employer  
(please circle one)***

Yes      No

**3 LANGUAGE AND CULTURAL DIVERSITY**

Are you of aboriginal or Torres Strait Islander origin?  
*(For persons of both Aboriginal AND Torres Strait Islander origin, mark both "Yes" boxes)*

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes, Aboriginal
<input type="checkbox"/>	Yes, Torres Strait Islander

Do you speak a language other than English at home?

<input type="checkbox"/>	No, English only <i>(Go to disability section)</i>
<input type="checkbox"/>	Yes, other – please specify
<input type="text"/>	

How well do you speak English?  Very Well  Well  Not well  Not at all

Were you born in Australia? \_\_\_\_\_ If not, please specify? \_\_\_\_\_

#### 4 DISABILITY

Do you consider that you have a disability, impairment or long-term condition?

(You may indicate more than one area)

No  Vision  Hearing/Deaf  Physical  Medical Condition  
 Other  Intellectual  Mental Illness  Learning  Acquired Brain Impairment

#### 5 SCHOOLING

What is your highest completed school level? In which year did you complete that school level

Completed year 12  Completed year 11  Completed year 10  
 Completed year 9 or equivalent  Completed year 8 or lower  Did not go to school

Are you still attending secondary school? Yes  No

#### 6 PREVIOUSLY ACHIEVED QUALIFICATIONS

Have you successfully completed any of the following qualifications?

Yes (please tick ANY applicable boxes)  No (Go to the Employment section)

<input type="checkbox"/> Bachelor Degree or Higher Degree	<input type="checkbox"/> Certificate III (or Trade Certificate)
<input type="checkbox"/> Advanced Diploma or Associate Degree	<input type="checkbox"/> Certificate II
<input type="checkbox"/> Diploma (or Associate Diploma)	<input type="checkbox"/> Certificate I
<input type="checkbox"/> Certificate IV (or Advanced Certificate/Technician)	<input type="checkbox"/> Certificates other than the above

#### 7 EMPLOYMENT

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

<input type="checkbox"/> Full-time employee	<input type="checkbox"/> Employed – unpaid worker in a family business
<input type="checkbox"/> Part-time employee	<input type="checkbox"/> Unemployed – seeking full-time work
<input type="checkbox"/> Self-employed – not employing others	<input type="checkbox"/> Unemployed – seeking part-time work
<input type="checkbox"/> Employer	<input type="checkbox"/> Not employed – not seeking employment

## 8 STUDY REASON

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

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

## 9 STUDENT DECLARATION

### **PAYMENT IS REQUIRED FIVE BUSINESS DAYS BEFORE COMMENCEMENT OF THE COURSE.**

Please note – payment can be made by EFT, cheque or cash. Credit card facilities are available with a surcharge.

### **CANCELLATION OF ENROLMENT:**

As per our Code of Practice, enrolments may be cancelled up to five working days prior to commencement of course with participants either transferring to another course or receiving a full refund if payment has been made.

If no cancellation notice is received, or cancellation is made with less than five working days' notice, **full payment of the course is still required\***. All cancellation or amendment requests must be made in writing.

\* *Special consideration for extenuating circumstances will be taken into account at the discretion of DRA Safety Specialists*

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

Student signature	
Date	

## Unique Student Identifier (USI)

From January 1<sup>st</sup> 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](http://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 Postcode
Postal Address (if different from residential)			
Work ☎	Mobile 📱	E-mail ✉	
Employer Name (if applicable)			
Employer Address		Town/City	State Postcode
Employer Contact Number ☎ / 📱		Employer Contact E-mail ✉	

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

National RTO Code: 31786

