

# Online Mining Supervisor Training Registration Request Form



**Course Details** *(in-house training available upon request) conditions apply*

Course Title	When/Date	Price
<b>Course in Site Safety Health Representative (formerly S1,S 2, S3) - Online course</b>	<b>Online</b>	
	Total Price	

Certificate/Card No. *(for renewals of previous course/s)* \_\_\_\_\_ Expiry date \_\_\_\_\_

**Location:**  Brisbane  Gold Coast  Sunshine Coast  Gladstone  Online  In-house training

**Attendee Details** *(please ensure that your details are correct as this will be used for recording and/or issuing of certificates)*

Title  Mr.  Mrs.  Ms.  Miss.  Other          D.O.B. *(DD/MM/YYYY)*

Gender  Male  Female

Given Name/s \_\_\_\_\_ Family Name \_\_\_\_\_

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

Suburb \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Postal Address \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile No. \_\_\_\_\_

Email \_\_\_\_\_  
*(invoice and or course details will be forwarded to this email address)*

Driver's Licence No. *(or medicare card no.)* \_\_\_\_\_ Expiry Date \_\_\_\_\_  
*(only required for Mining Induction training)*

Please specify any special dietary requirements \_\_\_\_\_

**Company Details** *(complete this section only if a company is paying for the training course)*

Organisation \_\_\_\_\_

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

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_ Other No. \_\_\_\_\_

Email Address \_\_\_\_\_

ABN No. \_\_\_\_\_ Purchase Order No. \_\_\_\_\_

**Billing details *(if different from company details above)***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Note: all completed registration forms returned by companies must be accompanied by purchase order/letter of authority from that company/organisation*

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## Payment Details

Amount  \_\_\_\_\_

*(Please note that all credit card transactions will incur a 1.6% surcharge).*

**Method**  Visa  Mastercard  Cheque enclosed payable to OHS&A  Invoice/EFT *(purchase order number required)*  EFTPOS (details below) *(please provide copy of receipt)*

Card No.   Expiry  Security code

Name \_\_\_\_\_

Signature

**EFT Details OHS&A:**  
 Heritage Bank, The Pines Shopping Centre, K.P. McGrath Drive,  
 Palm Beach, QLD 4221 BSB: 638 060, Account No: 010 449 671

Purchase Order No. *(if applicable)* \_\_\_\_\_

## Authorisation

I have read and accept the OHS&A Public Training Terms and Conditions in relation to payments, cancellations, confirmations, transfers, administration fees and privacy as outlined on [www.ohsa.com.au/student\\_handbook.html](http://www.ohsa.com.au/student_handbook.html) and I declare all the information supplied herein is true and accurate. *(no enrolment will be accepted unless completed and signed below).*

Name \_\_\_\_\_

Position \_\_\_\_\_

Signature

Date (DD/MM/YY) \_\_\_\_\_

## Privacy Disclaimer

By undertaking this training I consent to my personal information (e.g. full name, date of birth, passport number etc.) being made available to relevant third party organisations including the Resources RTO Assoc.Inc., QComp, Department of Industrial Relations and other Registered Training Organisations licensed to deliver this training, work site contractors, Queensland government departments (e.g. DETA) and statutory authorities as required by law.

## Additional Terms and Conditions

- Registration & enrolment is in accordance with the terms & conditions outlined in the student handbook Located at [www.ohsa.com.au/student\\_handbook.html](http://www.ohsa.com.au/student_handbook.html)
- Courses may be cancelled by OHS&A if there are insufficient student numbers.
- A full refund of enrolment fees will be made if a course is cancelled by OHS&A for any reason.
- By signing this form you agree to pay the full course amount, even if you fail to attend.
- Pricing for courses is subject to change without prior notice.

Tick box if you **DO NOT** wish to receive electronic updates from OHS&A; NO I do not wish to receive an OHS&A E-Newsletter

I have read and understood these policies



I have read, understood and accept OHS&A Occupational Health Services Australia terms and conditions as outlined in the student handbook.



## How did you hear about this course?

- Newspaper  Direct marketing  Website  Google  Email marketing  Training calendar  
 Seek.com  Job Network  Flyer  E-Newsletter  Word of mouth  Vehicle advertising  Other

To Register please send enrolment form by:

Alternatively you can register by:

 Fax: 1300 852 970      Email: [info@ohsa.com.au](mailto:info@ohsa.com.au)  
 Mail: PO Box 336 Elanora, Queensland, 4221, Australia

 Phone: 1300 647 200      Gold Coast: (07) 5559 5440  
 International: +61 7 5559 5440      website: [www.ohsa.com.au](http://www.ohsa.com.au)

## OFFICE USE ONLY

Student Enrolment No. \_\_\_\_\_ Receipt No. \_\_\_\_\_ Invoice No. \_\_\_\_\_

Confirmation sent  Pre-reading sent  Invoiced  Paid  Date Paid \_\_\_\_\_ Administration completed by:

- Course fees are current at time of print and include GST where applicable.
- OHS&A reserves the right to cancel courses without any prior notification.
- All sections of this form must be completed before student can be enrolled into a course

