

Training Registration Request Form

Payment Details

Amount _____

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

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

Card No. Expiry Security code

Name _____

Signature

EFT Details OHSA:
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 OHSA 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 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
- Courses may be cancelled by OHSA if there are insufficient student numbers.
- A full refund of enrolment fees will be made if a course is cancelled by OHSA 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 OHSA; NO I do not wish to receive an OHSA E-Newsletter
- I have read and understood these policies
- I have read, understood and accept OHSA 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: Fax: 1300 852 970 Email: info@ohsa.com.au
 Mail: PO Box 336 Elanora, Queensland, 4221, Australia

Alternatively you can register by: Phone: 1300 647 200 Gold Coast: (07) 5559 5440
 International: +61 7 5559 5440 website: 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. • OHSA 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