

HOSTA

Health and Safety Representative Training Course Registration Form



Please complete your details below and return to:

HOSTA: PO Box 162, Granville, NSW 2142, or
Email: hosta@hosta.org.au

FAMILY NAME:

GIVEN NAME(S):

DATE OF BIRTH:

ADDRESS:

SUBURB:

STATE:

POSTCODE:

CONTACT NUMBER:

EMAIL:

PCBU/EMPLOYER NAME:

EMPLOYERS ADDRESS:

MANAGERS NAME:

MANAGERS CONTACT EMAIL:

MANAGERS CONTACT NUMBER:

- 5-Day Health and Safety Representative
- 1-Day Health and Safety Representative Refresher Course
- 1-Day Entry Permit Holder Training

PREFERED DATES:

(Please refer to current HOSTA calendar)