

HOSTA – Work Health & Safety Course Registration Form



Please complete your details below and return to:

HOSTA: PO Box 162, Granville, NSW 2142, or
Fax/Phone Number: 1300 046 782 (13000 HOSTA), or
Email: hosta@hosta.org.au

We will contact you prior to your course to confirm your attendance.

FAMILY NAME: _____ GIVEN NAME(S): _____

TITLE: MR ☐ MRS ☐ MISS ☐ MS ☐ OTHER: _____ DATE OF BIRTH: _____

ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

PHONE: _____ MOBILE: _____

EMAIL ADDRESS: _____

DATE ELECTED AS A HSR: _____

PCBU/EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S NAME: _____

EMPLOYER'S CONTACT NUMBER: _____

EMPLOYER'S EMAIL ADDRESS: _____

Please nominate the course you are interested in:

- ☐ 5-Day Health and Safety Representative (SafeWork NSW approved)
- ☐ 5-Day Health and Safety Representative (Comcare approved)
- ☐ 1-Day Health and Safety Representative Refresher Course (SafeWork NSW approved)
- ☐ 1-Day Health and Safety Representative Refresher Course (Comcare approved)
- ☐ 1-Day Entry Permit Holder Training (SafeWork NSW approved)
- ☐ 1-Day Entry Permit Holder Training (Comcare approved)

Please advise which date/s you'd like to attend: _____
