

HSR COURSE ENROLMENT FORM

EMPLOYER ENROLMENT

COURSE DETAILS: Please select one: Fees are inclusive of GST	<input type="checkbox"/> 5 day (Level 1) HSR Training Course – \$1165:00 pp	<input type="checkbox"/> 2 day (Level 3) HSR Training Course – \$565:00 pp	
	<input type="checkbox"/> 3 day (Level 2) HSR Training Course – \$795:00 pp		
Course Date:		Number of Participants in Course:	
SUBSIDY DETAILS: Subsidies for HSR's of \$50 per participant per day on course fees are available through SafeWork SA. See guide to subsidy eligibility on back of this form. Note: We reserve the right to pursue payment if incorrect subsidy is claimed.			

Is this the first time you have enrolled with PARAGON WHS? Yes No How did you hear about us? _____

WIIA Membership number _____

EMPLOYER DETAILS

Employer Name: _____

Type of organisation: _____

Contact Person: _____

Address: _____ Post Code: _____

Phone: _____ Fax: _____ Mobile: _____

Email: _____

Purchase Order No: (if required by your employer) _____ Purchase Order Date: _____

I acknowledge that I have read and understood the terms and conditions on the reverse of this form. I also understand that I am able to contact PARAGON WHS to clarify any queries relating to this information.

Employer Signature: _____ **Date:** _____

<input type="checkbox"/> cheque or money order to Paragon Work Health and Safety Pty Ltd PO Box 24 O'Sullivan Beach SA 5166	<input type="checkbox"/> internet banking BSB: 015 450 Account No: 284 283 179
---	---

Thank you for your enrolment - PLEASE TURN OVER FOR IMPORTANT INFORMATION

Please complete details of all participants on Page 4.

Return this form and participant details by email to peter@paragonwhs.com

HSR COURSE ENROLMENT FORM TERMS AND CONDITIONS

PARAGON WHS WILL:

1. Advise you immediately if the course is full and offer you a place on the same course on a different date.
2. Send you a confirmation letter with details of the course two weeks before the course starts.
3. If a course is cancelled we will send notification of the cancellation to you and your employer prior to the course commencement date.

Note: Our minimum class number must be reached two weeks prior to course commencement, or the course may be cancelled. Participants will be notified and offered to enrol in another course date that suits their schedule.

CANCELLATION POLICY:

If you are unable to attend the course – you need to notify us at least 2 weeks prior to the course starting date to avoid any charge.

When an enrolment is cancelled the following cancellation fees will apply:

- More than 14 days before course commencement date = Full refund
- Between 7-14 days before commencement date = 50% refund
- Less than 7 days = No refund

If you need more information, phone: 0407 828 879, email: contact@paragonwhs.com or visit our website: www.paragonwhs.com

GUIDE TO SUBSIDY ELIGIBILITY

SUBSIDY AVAILABLE

SafeWork SA advises businesses of their eligibility categories. This is usually indicated on premiums. If you are unsure, please check with SafeWork SA on **(08) 8204 9351**

Courses	Level 1 Bridging Refresher
Amount	\$50.00 per day, per participant
Eligibility	Small Business - up to 100 employees *
* See definition	SAfer Industries * High Risk Occupations * Expanding Industry * New Industry * Regional * Remote *

Note : a course participant may meet more than one of the eligibility criteria. Eg employed by Small Business and works more than 100 kms from a Regional Centre : therefore the subsidy is \$100 per day.

ELIGIBLE PARTICIPANTS (definitions)

Small Business

A business of 100 or fewer individuals which is not a subsidiary of a larger organisation

SAfer Industries

Aged Care, Nursing and Convalescent Homes

Commercial Cleaning

Hospitality

Labour Hire, Employment Services

Meat Products Manufacture

Road Freight Transport

Food

Horticulture

Food, wholesale and retail

Automotive

Motor Trades

Automotive Component Manufacturing

Construction

Building Construction

Civil Construction

Manufacturing

Plastic and Rubber Products Manufacturing

Metal Products and Machinery

High Risk Occupations

Elected HSR's or Deputy HSR's or owners, managers or supervisors from a registered non-exempt organisation employing staff in one or more of the following occupations:

HSR COURSE ENROLMENT FORM

- Heavy truck drivers
- Mining, construction and related labourers
- Meat and fish process workers
- Product assemblers
- Mechanical engineering tradespersons
- Automotive tradespersons
- Product packagers
- Forklift drivers
- Delivery driver
- Agriculture and horticulture labourers
- Sales assistants
- Carers and aides
- Cleaners
- Food tradespersons

Expanding Industry

An industry that is increasing in size (number of employees/remuneration) at a rapid rate due to product/service demand, technological advancement etc. Subsidies approved on a case-by-case basis.

New Industry

- Where components of another industry and have been outsourced
- Are due to advancement of technology
- Result from the transfer of a whole industry (not previously operating in this State) from another State or country

Regional

Employees within an industry that is pre-dominantly or exclusively carried out within a specified area or region within SA but outside the metropolitan area.

Regional Centres

Port Augusta Riverland Victor Harbor
Port Pirie Barossa Mount Gambier
Whyalla Clare Naracoorte
Port Lincoln

Remote

Employees outside the metropolitan area who work more than 100kms from any of the regional centres. Payable in addition to other subsidies.

HSR COURSE ENROLMENT FORM

Personal Details:

Mr Mrs Miss Ms Gender: M F

Date of Birth ____/____/____

Last Name _____ First Names _____

Position: _____

Address: _____ State: _____ Post code: _____

Contact Phone: _____ Mobile: _____

Email: _____

Signature: _____ Date: ____/____/____

Are you an elected HSR? Yes No

Are you a deputy HSR? Yes No

Do you have any mobility or disability requirements? Yes No

Do you have any special dietary requirements? Yes No If Yes please specify _____

Personal Details:

Mr Mrs Miss Ms Gender: M F

Date of Birth ____/____/____

Last Name _____ First Names _____

Position: _____

Address: _____ State: _____ Post code: _____

Contact Phone: _____ Mobile: _____

Email: _____

Signature: _____ Date: ____/____/____

Are you an elected HSR? Yes No

Are you a deputy HSR? Yes No

Do you have any mobility or disability requirements? Yes No

Do you have any special dietary requirements? Yes No If Yes please specify _____

HSR COURSE ENROLMENT FORM

Personal Details:

Mr Mrs Miss Ms Gender: M F

Date of Birth ____/____/____

Last Name _____ First Names _____

Position: _____

Address: _____ State: _____ Post code: _____

Contact Phone: _____ Mobile: _____

Email: _____

Signature: _____ Date: ____/____/____

Are you an elected HSR? Yes No

Are you a deputy HSR? Yes No

Do you have any mobility or disability requirements? Yes No

Do you have any special dietary requirements? Yes No If Yes please specify _____

Personal Details:

Mr Mrs Miss Ms Gender: M F

Date of Birth ____/____/____

Last Name _____ First Names _____

Position: _____

Address: _____ State: _____ Post code: _____

Contact Phone: _____ Mobile: _____

Email: _____

Signature: _____ Date: ____/____/____

Are you an elected HSR? Yes No

Are you a deputy HSR? Yes No

Do you have any mobility or disability requirements? Yes No

Do you have any special dietary requirements? Yes No If Yes please specify _____