

# HSR COURSE ENROLMENT FORM



## EMPLOYER ENROLMENT

<b>COURSE DETAILS:</b> 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 Course: \$565:00 pp
	<input type="checkbox"/> 3 day (Level 2) HSR Training Course – \$795:00 pp	<input type="checkbox"/> 1 day (Refresher) HSR Course: \$320 pp
<b>Course Date:</b>		<b>Number of Participants in Course:</b>

Is this the first time you have enrolled with PARAGONWHS? Yes  No  How did you hear about us? \_\_\_\_\_

### EMPLOYER DETAILS

Employer Name: \_\_\_\_\_  
Type of organisation: \_\_\_\_\_  
Manager: \_\_\_\_\_  
Address: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

Send Invoice to: Name: \_\_\_\_\_ Email: \_\_\_\_\_

Purchase Order No: (if required by 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: \_\_\_\_\_

### Payment:

<b>Electronic Funds Transfer:</b>  <b>BSB 015 450</b> <b>Account No: 284 283 179</b>	<b>Credit Card:</b>  Email Cate: <a href="mailto:cate@paragonwhs.com">cate@paragonwhs.com</a> You will receive an online payment link via email.	<b>Cheque or Money Order to:</b>  Paragon Work Health Safety PO Box 24 O'Sullivan Beach SA 5166
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Thank you for your enrolment - PLEASE SEE P. 2 FOR IMPORTANT INFORMATION

Please complete details of all participants on Page 3-4

Return this form and participant details by email to [peter@paragonwhs.com](mailto: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 email with details of the course upon enrolment and then a reminder one week 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.
4. Invoice booked places 30 days in advance of commencement, with payment due 7 days from invoice.

**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: [peter@paragonwhs.com](mailto:peter@paragonwhs.com) or visit our website: [www.paragonwhs.com](http://www.paragonwhs.com)

# 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

HSR ID No: \_\_\_\_\_

NB: New HSRs should contact Safework SA to register for HSR ID

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Last Name \_\_\_\_\_ First Names \_\_\_\_\_

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Address: \_\_\_\_\_ State: \_\_\_\_\_ Post code: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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