

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 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	
Course Date:		Number of Participants in Course:	

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:

Electronic Funds Transfer: BSB 015 450 Account No: 284 283 179	Credit Card: Email Peter: peter@paragonwhs.com You will receive an online payment link via email.	Cheque or Money Order to: Paragon Work Health Safety PO Box 24 O'Sullivan Beach SA 5166
---	---	---

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

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 or visit our website: 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: ____ / ____ / ____

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 _____

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: ____ / ____ / ____

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 _____