HSR COURSE ENROLMENT FORM



EMPLOYER ENROLMENT

COURSE DETAILS: Please select one: Fees are inclusive of GST			☐ 2 day (Level 3) HSR Course: \$680:00 pp☐ 1 day (Refresher) HSR Course:\$450:00 pp			
Course Date:		Number of Pa	articipants in			
Is this the first time you	have enrolled with PARAGONW	HS? Yes 🔲 No 🗀] How did you	hear aboutus?_		
EMPLOYER DETAILS						
Employer Name:						
Type of organisation:						
Manager:						
Address:					Post Code:	
Phone: Email:				Mobile:		
Send Invoice to: Nam	e:	Email:				
Purchase Order No:(if requ	uired by employer)		Purcha	se Order Date:		
	e read and understood the terms and by any queries relating to this informat		erse of this form. I	also understand ti	nat I am able to contact	
Employer Signature:				Date:		
ayment:						
Electronic Funds Trans	sfer: Cre	CreditCard Payment L	Link:	heque or Mone	ue or Money Order to:	
BSB 015 450 Account No: 284 2	https	https://paragonwhs.com	n/shop Pa	aragon Work Health Safety O 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 than7 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:

Date of Birth / /				
Last NameFirst 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: Date of Birth / /				
Last NameFirst Names _				
Position: Address:	State: Post code:			
Contact Phone:		_		
Email:				
Signature:				
Are you an elected HSR? ☐ Yes ☐ No				
Are you a deputy HSR?				
Do you have any mobility or disability requirements? ☐ Yes ☐ No				
Do you have any special dietary requirements? Yes No If Yes plea	se specify			

HSR COURSE ENROLMENT FORM



Personal Details:

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 require	ments? ☐ Yes ☐ No
Do you have any special dietary requirement	s? Yes No If Yes please specify
Personal Details:	
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:	to register for HSR ID
Do you have any mobility or disability require	ments? ☐ Yes ☐ No
Do you have any special dietary requirement	s? Tyes No If Yes please specify