

### **HSR COURSE ENROLMENT FORM**

## **EMPLOYER ENROLMENT**

COURSE DETAILS: Please select one: Course fees do not attract GST.	5 day (Level 1) - \$1250:00 pp 3 day (Level 2) - \$940:00 pp	J		☐ 2 day (Leve ☐1 day (Refi Course:\$4	,
Course Date:			Number of Pa Course:	rticipants in	
Is this the first time you	have enrolled with	PARAGON WHS?	Yes 🗌 No 🗌	How did you	hear about us?
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			ditions on the reve		se Order Date:also understand that I am able to contact
PARAGON WHS to clarif					also andorotana trace am asio to contact
Employer Signature:					Date:
Payment:					
Electronic Funds Trans	sfer:	Credit Card: E	mail Peter:	С	heque or Money Order to:
BSB 015 450 Account No: 284 2	83 179	peter@paragonv receive an onli email.		nk via P	aragon Work Health Safety O Box 24 '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 <a href="mailto:peter@paragonwhs.com">peter@paragonwhs.com</a>

# 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**



Date of Birth /	
Last Name	First Names
Position:	
Address:	State:Post code:
Contact Phone:	Mobile:
Email:	
Are you an elected HSR? ☐ Yes ☐ No Are you a deputy HSR? ☐ Yes ☐ No	
HSR ID No: NB: New HSRs should contact Safework SA	A to register for HSR ID
Do you have any mobility or disability require	
20 , 30 mars any openiar arouny requirement	ts? ☐ Yes ☐ No If Yes please specify
Personal Details:	Ms Gender:  M  F
Personal Details:  ☐ Mr ☐ Mrs ☐ Miss ☐	
Personal Details:  ☐ Mr ☐ Mrs ☐ Miss ☐  Date of Birth / /	
Personal Details:  Mr Mrs Miss Date of Birth / / Last Name	Ms Gender: □ M □ F  First Names
Personal Details:  Mr Mrs Miss Date of Birth / / Last Name  Position:	Ms Gender: □ M □ F  First Names
Personal Details:  Mr Mrs Miss Date of Birth / /  Last Name  Position:  Address:	Ms Gender:
Personal Details:  Mr Mrs Miss Date of Birth / /  Last Name  Position:  Address:  Contact Phone:	Ms Gender:
Personal Details:  Mr Mrs Miss Date of Birth / /  Last Name  Position:  Address:  Contact Phone:	Ms Gender:
Personal Details:  Mr Mrs Miss Date of Birth / /  Last Name  Position:  Address:  Contact Phone:  Email:  Signature:	Ms Gender: M F  First Names  State: Post code:  Mobile:
Personal Details:  Mr Mrs Miss Date of Birth / /  Last Name  Position:  Address:  Contact Phone:  Email:	Ms Gender:
Personal Details:  Mr Mrs Miss Date of Birth / /  Last Name Position:  Address:  Contact Phone:  Email:  Signature:  Are you an elected HSR? Yes No  HSR ID No:	Ms Gender:  M F  First Names  State: Post code:  Mobile:  Date: / /

## HSR COURSE ENROLMENT FORM



Personal	Dotaile:
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Date of Birth/		
Last Name	First Names	
Position:		
	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	o register for HSR ID	
Do you have any mobility or disability requirem	nents? ☐ Yes ☐ No	
Do you have any special dietary requirements?	?  Yes  No If Yes please specify	
Personal Details:		
☐ Mr ☐ Mrs ☐ Miss ☐ M	Ms Gender:  M  F	
Date of Birth / /		
Date of Diffit		
	First Names	
Last Name		
Last Name	State:Post code:	
Last Name Position: Address: Contact Phone:	State:Post code:	
Last Name Position: Address: Contact Phone:	State:Post code: Mobile:	
Last Name Position: Address: Contact Phone: Email:	State:Post code: Mobile:	
Last Name  Position:  Address:  Contact Phone:  Email:  Signature:  Are you an elected HSR?  Yes  No	State:Post code: Mobile:	
Last Name Position: Address: Contact Phone: Email: Signature:		
Last Name  Position:  Address:  Contact Phone:  Email:  Signature:  Are you an elected HSR?		