


OHS COURSES VICTORIA [Vers 3]


* Elected HSRs / Deputy HSRs can attend WorkSafe approved training per S67 of the OHS Act 2004.

You have the right to choose which course you attend in consultation with your employer. If your employer does not agree to your attendance on an NUW course, please contact the Training Department PH 03 9287 1739.

HSR Initial Occupational Health & Safety Training Courses

<p>* WorkSafe Vic approved under s67 of the OHS Act 2004</p> <p>COST PAID BY YOUR EMPLOYER: MEMBER (NUW or other affiliated union) \$915 NON MEMBER \$1800</p>		<p>Approved Training Course</p> 
30 April, 01, 02 & 21, 22 May 2019 [5 day course]	Docklands	
02, 03, 04 & 23, 24 July 2019 [5 day course]	Docklands	
01, 02, 03 & 22, 23 October 2019 [5 day course]	Docklands	

HSR Refresher Occupational Health & Safety Training Courses

<p>* WorkSafe Vic approved under s67 of the OHS Act 2004 - A one day update for HSRs</p> <p>COST PAID BY YOUR EMPLOYER: MEMBER (NUW or other affiliated union) \$300 NON MEMBER \$600</p>		<p>Approved Training Course</p> 
25 July 2019	Docklands	
09 October 2019	Docklands	
27 November 2019	Docklands	

Return to Work [Injury Support]

<p>This 1 day course is for Delegates & HSRs to help in providing advice and support for injured members in the workplace. If you deal with a lot of WorkCover related questions or issues, then this course is for you.</p>	
17 September 2019	Docklands

ENROLMENT FORM

COURSE DETAILS

COURSE NAME	
COURSE DATES	
COURSE LOCATION	

ENROLLEE'S DETAILS

NAME <i>(in full)</i>		PREFERRED FIRST NAME
FULL POSTAL ADDRESS <i>(including street, suburb & post code)</i>		
HOME PHONE <i>(including area code)</i> ()	EMAIL <i>(please PRINT clearly)</i>	
MOBILE	WORK PHONE <i>(including area code)</i> ()	
ARE YOU:		
AN OHS REP <input type="checkbox"/>	DEPUTY OHS REP <input type="checkbox"/>	DATE ELECTED <input type="text"/>

EMPLOYER AUTHORISATION

*This section must be completed by your employer to authorise your paid training leave. **Enrolment confirmations will be sent by EMAIL** where possible, to you and your employer after this form is received by the Training Department [see details below]*

EMPLOYER		
MANAGER'S NAME <i>[in full & please PRINT clearly]</i>		MANAGER'S POSITION
EMAIL <i>[please PRINT clearly]</i>		PHONE []
SIGNATURE		DATE

SEND COMPLETED ENROLMENT FORMS TO
 EMAIL training@nuw.org.au OR FAX [03] 9287 1718

If you have any queries, contact your organiser or NUW Training PH 03 9287 1739