



ENROLMENT FORM

Please submit the completed form to dannyf@etu.asn.au. Any queries, call 03 8329 0000.

Thanks for choosing the ETU, a WorkSafe approved HSR training Provider. HSRs are entitled to attend an approved course and choose their Training Provider in consultation with their employer as per section 67 of the OHS Act 2004.	
COURSE DETAILS	
Tick the course you are enrolling in	<input type="checkbox"/> HSR Initial OHS Training Course <input type="checkbox"/> HSR Refresher OHS Training Course
Specify course dates you wish to attend	
PARTICIPANT DETAILS <i>(Will be used for your certificate issue and any correspondence)</i>	
Are you an ETU member?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, ETU membership #
First name:	
Middle name:	
Surname:	
Position:	
Address:	
Mobile:	
Home phone:	
Email:	
Emergency contact: <i>(If required during training days)</i>	Name: Relationship: Mobile:
Special Requirements: <i>(Please tick if applicable)</i>	<input type="checkbox"/> Wheel chair access <input type="checkbox"/> Sight impaired <input type="checkbox"/> Other _____ <input type="checkbox"/> Hearing impaired <input type="checkbox"/> Language/Literacy <input type="checkbox"/> Dietary _____
EMPLOYER DETAILS	
Company name:	
Contact person:	
Position:	
Address:	
Contact number:	
Email:	
DECLARATION	
<i>I declare that the information above is true and correct. I have read and understood the HSR training course information on the ETU website.</i>	
	Signature: _____ Date: _____

PRIVACY - Your personal information collected on this form is used by the ETU for the sole purpose of managing your enrolment and course participation.