

HOSTA – OH&S Courses

Expression of Interest Form



Please complete your details below and return to:

HOSTA
PO Box 162, Granville, NSW 2142
Fax: 1300 046 782 (13000HOSTA)
Email: Katie.Gillen@hosta.org.au

We will contact you prior to your course to confirm your attendance.

FAMILY NAME: _____ GIVEN NAME(S): _____

MALE: ☐

FEMALE: ☐

ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

PHONE: _____ MOBILE: _____

FAX: _____ EMAIL: _____

EMPLOYER: _____

EMPLOYERS ADDRESS: _____

EMPLOYER CONTACT NAME: _____

EMPLOYER CONTACT NUMBER: _____

Please nominate the course(s) you are interested in:

- ☐ 5-Day Health and Safety Representative (WorkCover NSW approved)
- ☐ 1-Day Health and Safety Representative bridging course (WorkCover NSW approved)
(Note: 2012 only)
- ☐ 1-Day Health and Safety Representative refresher course (WorkCover NSW approved)
(Note: Commencing 2013)
- ☐ 5-Day Health and Safety Representative (ComCare approved)

Request to Person in Control of a Business or Undertaking for the provision of Health and Safety Representative training

(Title) (First Name) (Surname)

(Date)

(Position Title)

(Company)

(Address)

Dear _____

Re: Attend a course of training in work health and safety

Inline with section 72 on the New South Wales Work Health and Safety Act 2011, I am requesting to attend work health and safety gap training which has been approved by WorkCover NSW to which I am entitled to attend. Information in relation to this training can be found in the attached course outline.

The training is been hosted by HOSTA who has engaged a WorkCover approved training provider, approval number HSR 1074. Further information relating to the duration, location of the training and cost can be provided by HOSTA on 1300046782.

Name:

(Print)

(Signature)