

## ONLINE COURSE REGISTRATION FORM

**Course Participants Details:**

Title (Mr/Mrs etc \_\_\_\_\_) (First Name) \_\_\_\_\_ (Family Name) \_\_\_\_\_

Address: \_\_\_\_\_ Suburb / Town \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Required for confirmation of completion.

**Employers Details:**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Post code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Employers Contact Name:**

Title (Mr/Mrs etc \_\_\_\_\_) (First Name) \_\_\_\_\_ (Family Name) \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Required for confirmation of completion.

**Indicate the courses required to complete:**

On Line Course Reference No.	Course Description	Tick ✓
SQSM WHS 003	Working at Heights (Introduction) and Ladder Safety	<input type="checkbox"/>
SQSM WHS 004	Manual Handling	<input type="checkbox"/>
SQSM WHS 005	Personal Protective Equipment	<input type="checkbox"/>
SQSM WHS 006	Accident Investigation	<input type="checkbox"/>
SQSM WHS 007	Asbestos Awareness	<input type="checkbox"/>
SQSM WHS 009	Isolation, testing and tagging	<input type="checkbox"/>
SQSM WHS 010	Confined Space Awareness	<input type="checkbox"/>
SQSM WHS 011	Tying Down Loads	<input type="checkbox"/>
SQSM WHS 012	Risk Assessment	<input type="checkbox"/>
SQSM WHS 013	Drug and Alcohol Awareness	<input type="checkbox"/>
SQSM WHS 014	Silica Dust Awareness	<input type="checkbox"/>
SQSM WHS 015	Heat Stress Awareness	<input type="checkbox"/>
SQSM WHS 020	Company Specific Induction ( To be developed to company requirements)	<input type="checkbox"/>
SQSM EMS 001	Environmental Awareness	<input type="checkbox"/>

**PAYMENT** **Course Fee: \$25.00 per module plus GST.**

Payment will be required prior to course commencement. Please refer to payment options below.

**PAYMENT OPTIONS:** Credit Card / Direct Deposit

Credit card details: (Please Circle) Visa / MasterCard

Credit card number: \_\_\_\_\_

Card expiry date: \_\_\_\_ / \_\_\_\_

Security Code (Last 3 digits) \_\_\_\_\_

Card holder name: \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_ Receipt required YES / NO

Email address if receipt required : \_\_\_\_\_

Direct Deposit Details: **BSB 012787 Account No. 110220709**

Account Name **Safety and Quality Systems Management Pty Ltd**

**TERMS & CONDITIONS**

Information collected on this form is used for registration purposes only. Refer to the Safety and Quality Systems Management Pty Ltd Privacy policy for more details. Once the log in details have been provided to the participant, there is no refund of fees. Group bookings and multiple log in details can be arranged. Payment for all training modules must be received and processed prior to log in passwords being provided. By registering for this course you will be accepting the terms and conditions of Safety and Quality Systems Management Pty Ltd.

Please ( ✓ ) I understand and accept the terms and conditions of this registration.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

User Name: \_\_\_\_\_ Password \_\_\_\_\_

Course Administrator Name : \_\_\_\_\_ Date Entered: \_\_\_\_\_