



### OHS COURSES VICTORIA [Vers1]

\* 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 one of our courses, contact UWU Training PH 03 9287 1739.

#### HSR Initial Occupational Health & Safety Training Courses

<i>* WorkSafe Vic approved under s67 of the OHS Act 2004</i> <b>COST PAID BY YOUR EMPLOYER:</b> MEMBER (UWU or other affiliated union) \$915 NON MEMBER \$1800		Approved Training Course 
25, 26, 27 February & 10, 11 March 2020 [5 day course]	UWU Docklands Office	
07, 08, 09 April & 05, 06 May 2020 [5 day course]		
02, 03, 04 June & 23, 24 June 2020 [5 day course]		
08, 09, 10 September & 29, 30 September 2020 [5 day course]		
06, 07, 08 October & 20, 21 October 2020 [5 day course]		
10, 11, 12 November & 01, 02 December 2020 [5 day course]		

#### HSR Refresher Occupational Health & Safety Training Courses [Hazardous Manual Handling in the Workplace]

<i>* WorkSafe Vic approved under s67 of the OHS Act 2004 - A one day update for HSRs</i> <b>COST PAID BY YOUR EMPLOYER:</b> MEMBER (UWU or other affiliated union) \$300 NON MEMBER \$600		Approved Training Course 
12 March 2020	UWU Docklands Office	
25 June 2020		
01 October 2020		
03 December 2020		

#### Injury & Return to Work

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.	
30 April 2020	UWU Docklands Office
03 September 2020	

**COURSE DETAILS**

**ENROLMENT FORM**

COURSE NAME	
COURSE DATES	
COURSE LOCATION	

**ENROLLEE'S DETAILS**

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

**EMPLOYER AUTHORISATION**

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

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

**SEND COMPLETED ENROLMENT FORMS TO**  
EMAIL [training@unitedworkers.org.au](mailto:training@unitedworkers.org.au) or FAX [03] 9287 1718

**If you have any queries, contact your organiser or UWU Training PH 03 9287 1777**