



Please submit the completed form to admin@unionsnt.com.au Any queries, call 08 8941 0001

Thanks for choosing UnionsNT, a NT 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 72 of the WHS Act 2011.	
COURSE DETAILS	
Tick the course you are enrolling in	<input type="checkbox"/> HSR Initial WHS Training Course <input type="checkbox"/> HSR Refresher Course
Specify course dates you wish to attend	
PARTICIPANT DETAILS <i>(Information provided will be used for correspondence and your certificate)</i>	
First Name:	
Middle Name:	
Surname	
Position	
Address:	
Mobile:	
Home phone:	
Email:	
Emergency contact: <i>(required during training days)</i>	Name: _____ Relationship: _____ Phone: _____
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:	
DECLARATION <i>I declare that the information above is true and correct.</i> <i>I have read and understand the HSR training course information in the UnionsNT website.</i>	
	Signature: _____ Date: _____
Payment must be made prior to the start date. For Payment details go to www.unionsnt.com.au	
OFFICE USE ONLY:	
Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No	EFT: <input type="checkbox"/> Invoice Requested: <input type="checkbox"/> Invoice Number: _____ Date sent: _____
	Tax invoice sent: <input type="checkbox"/> Yes Invoice Number: _____ Date sent: _____

PRIVACY – Your personal information collected in this form is used by UnionsNT for the sole purpose of managing your enrolment and course participation.

