

5 Day Accredited Safety & Health Representatives Course

SCOPE Vision's five day introductory Safety and Health Representatives Course has been developed to meet the requirements of the Western Australian Occupational Health and Safety Legislation. **This course is accredited by the Commission for Occupational Safety and Health of Western Australia.**

Who Should Attend?

If you have been elected by your peers as their workplace safety and health representative in Western Australia, this introductory course will provide you with essential information to objectively carry out your role under the Act. Every workplace elected OSH representative is entitled under the Act to attend this five day course, and receive time off with pay for this purpose.

The course structure and supporting activities ensure that participants from special needs groups, employees, supervisors and safety reps (representing fellow workers), do more to enable communication of safety and health issues in the workplace and, through their empowerment, can ensure that resolution of identified issues takes place.

Course Objectives

Our targeted learning outcomes are aligned to current safety and health legislation, ensuring that our clients gain the knowledge, skills and confidence to become effective practitioners, champions of workplace safety and health. SCOPE Vision clients benefit from the focused, needs based and outcome-driven approach that is distinctive to SCOPE Vision. We adopt proven adult learning techniques to ensure that learning is practical and readily transferable into day-to-day operations.

Content

Module 1: Occupational safety and health legislation
Module 2: Inspections and investigations
Module 3: Hazard identification and risk management
Module 4: Communication and representation
Module 5: Resolution of OSH Issues and Provisional Improvement Notices (PINS)

Articulation

The 5 day introductory Safety and Health Representatives Course fulfils part of the qualification requirements for BSB30707 Certificate III in Occupational Health and Safety. A copy of the skills recognition kit for this qualification will be given to you at the program.

Investment

\$875 per person (lunch included)

Contact Details

SCOPE Vision

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Enrolment Form

5 Day Accredited Safety & Health Representatives Course

| Contact Details: Personal | |
|---------------------------|--------------------------------|
| Name: | |
| DOB: | Sex: <input type="text"/> |
| Address: | |
| State: | Postcode: <input type="text"/> |
| Home Telephone: | |
| Mobile Telephone: | |
| Email Address: | |

| Contact Details: Business | |
|---------------------------|--|
| Company: | |
| Position Held: | |
| Telephone: | |
| Facsimile: | |
| Work Email: | |

| Payment Options | |
|-----------------|--|
|-----------------|--|

| | |
|--|---|
| I will be paying using the following method (please tick) | |
| <input type="checkbox"/> Cash | |
| <input type="checkbox"/> Cheque | Please make cheques payable to 'SCOPE Vision' |
| <input type="checkbox"/> I authorise SCOPE Vision to debit the following credit card | <input type="checkbox"/> Visa Card <input type="checkbox"/> Master Card <input type="checkbox"/> Bank Card Card Number: _____ Expiry Date: __/__/__ Cardholders Name (please print): _____ Cardholders Signature: _____ |
| <input type="checkbox"/> Direct Deposit | Account Name : SCOPE VISION Bank : NATIONAL AUSTRALIA BANK BSB : 086420 Account # : 493266439 Please insert your invoice number as the reference |
| <input type="checkbox"/> Invoice 3rd Party | Please attach appropriate approval forms and complete details below: |
| Third Party invoice information: | |
| Name of company: | |
| Attention: | |
| Postal Address: | |
| Telephone: | |
| Purchase order # | |
| Other notes to SCOPE: | |