



Workplace Safety Centre

Pty Ltd (ABN: 96 115 000 201)
Call: 1300-4-SAFETY
 170 Queen St, St Marys, NSW, 2760
 PO Box 651, St Marys, NSW, 1790
Phone: (02) 9833 7500
 Fax: (02) 9833 9906
 Email: info@worksafecentre.com.au
 Website: www.worksafecentre.com.au



COURSE ENROLLMENT & REGISTRATION FORM

Copy and either Fax or Mail back to Workplace Safety Centre

Applicant Information & Business Contact details (if applicable)

Family Name		Given Name (s)	
Home Address		Suburb	
		Post Code	
Phone Number		Mobile Number	
Email			
Company Name			
Address		Suburb	
		Post Code	
Office Phone		Fax	

Course Information

Code	Course Name	Date (s)	Cost	
WSC21	OHS Consultation (Committees & Safety Reps)			
WSC3RM	OHS Risk Management (2 day Supervisors & Managers)			
WSC22	OHS Risk Management (1 day Awareness course)			
WSC41	Traffic Control (Stop / Slow Bat)			
WSC29	OHS Construction Induction (Green Card/White Card)			
WSC25	Senior First Aid			
WSC25	Senior First Aid Re-Certification			
WSC25	CPR (only)			
WSC43	Apply Traffic Control Plans (Yellow Card)			
Other				
	TOTAL			

Payment Options

Enclosed Cheque, or credit card details for the amount of												\$				
Cheque	<input type="checkbox"/>	Visa	<input type="checkbox"/>	Mastercard	<input type="checkbox"/>	Amex	<input type="checkbox"/>	Diners	<input type="checkbox"/>	Expiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Card Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name on Card																
Signature																

Office Use Only

Enrolling Officer		Signature	
Student Number		Date	
RPL Applied for		Special Needs	