

## COURSE REGISTRATION FORM

To register for the course, please forward your completed registration form to: [rtomanager@drasafety.com.au](mailto:rtomanager@drasafety.com.au)  
 For assistance please contact our office on 07 5573 6199

Please attach a clear photocopy of Proof of Identification  
 This can be a current driver's licence or other form of photo ID

### 2020 COURSES

WHSO – Work Health & Safety Officer – Core (5 Days)	May 25 <sup>th</sup> – 29 <sup>th</sup>		Health & Safety Representative (5 days)	January 20 <sup>th</sup> – 24 <sup>th</sup>		Fire Safety Adviser (2 Days)	April 28 <sup>th</sup> & 29 <sup>th</sup>
WHSO – Work Health & Safety Officer – Core (5 Days)	August 17 <sup>th</sup> – 21 <sup>st</sup>		Health & Safety Representative (5 days)	March 23 <sup>rd</sup> – 27 <sup>th</sup>		Fire Safety Adviser (2 Days)	September 29 <sup>th</sup> & 30 <sup>th</sup>
WHSO – Services Elective (1 Day)	June 16 <sup>th</sup>		Health & Safety Representative (5 days)	October 12 <sup>th</sup> -16 <sup>th</sup>		*Fire Safety Adviser Recertification / Refresher (1 Day)	February 18 <sup>th</sup>
WHSO – Services Elective (1 Day)	September 15 <sup>th</sup>		*HSR Recertification / Refresher (1 Day)	February 11 <sup>th</sup>		*Fire Safety Adviser Recertification / Refresher (1 Day)	May 13 <sup>th</sup>
			*HSR Recertification / Refresher (1 Day)	July 21 <sup>st</sup>		*Fire Safety Adviser Recertification / Refresher (1 Day)	August 31 <sup>st</sup>
			*HSR Recertification / Refresher (1 Day)	September 23 <sup>rd</sup>		*Fire Safety Adviser Recertification / Refresher (1 Day)	October 22 <sup>nd</sup>

\* Proof of past qualification will be required to enrol in this course

### COMPANY INFORMATION

Company Name	ABN	
Postal Address		
Purchase Order #		
Telephone		

### AUTHORISATION (Approval Officer for Invoices – Purchase Order Number Required)

Authoriser Name		Position	
Email Address to forward invoice			

*I hereby give permission to have my Certificate sent directly to my Employer*

Yes  No

### 3 PERSONAL DETAILS

Title  Mr  Mrs  Miss  Ms  Dr  Other

Family Name \_\_\_\_\_ Given Names \_\_\_\_\_

Postal Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Email  \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Mobile  \_\_\_\_\_ Work  \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone  /  \_\_\_\_\_

**INSTRUCTIONS:**

Fill in all sections clearly and carefully by writing in block letters. Information requested on this form is for national database and tracking purposes and assists in ongoing qualification issuance as required. All data is confidential and is not forwarded to any other party with the sole exception of the national statistical database to inform future federal funding in Vocational Training.

**2 LANGUAGE AND CULTURAL DIVERSITY**

Are you of Aboriginal or Torres Strait Islander origin?  No   
 (For persons of both Aboriginal and Torres Strait Islander origin, mark both "yes")  Yes, Aboriginal

Yes, Torres Strait Islander

Were you born in Australia?  Yes  No  
 If not, please specify: \_\_\_\_\_

Do you speak a language other than English at home?  Yes  No

If yes, please specify: \_\_\_\_\_

Do you require assistance with reading or writing English?  Yes  No

Will you require extra learning assistance  Yes  No

How did you hear about this course?

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Employer                      | <input type="checkbox"/> Website |
| <input type="checkbox"/> Friend/Relative               | <input type="checkbox"/> Google  |
| <input type="checkbox"/> Other (Please specify): _____ |                                  |
| <input type="checkbox"/> Advertisement (Where?): _____ |                                  |

**3 DISABILITY**

Do you consider that you have a disability, impairment, or long-term condition?  
 (Please tick ANY applicable boxes)

- |  |  |
|--|--|
| <input type="checkbox"/> No                        | <input type="checkbox"/> Learning                  |
| <input type="checkbox"/> Hearing/Deafness          | <input type="checkbox"/> Mental Illness            |
| <input type="checkbox"/> Vision                    | <input type="checkbox"/> Physical                  |
| <input type="checkbox"/> Intellectual              | <input type="checkbox"/> Acquired Brain Impairment |
| <input type="checkbox"/> Other (Please List) _____ |  |

Do you have any dietary requirements?  
 (Please tick ANY applicable boxes)

- |  |  |
|--|--|
| <input type="checkbox"/> No                  | <input type="checkbox"/> Diabetic                      |
| <input type="checkbox"/> Vegetarian          | <input type="checkbox"/> Vegan                         |
| <input type="checkbox"/> Lactose Intolerant  | <input type="checkbox"/> Gluten Intolerant             |
| <input type="checkbox"/> Allergies to: _____ | <input type="checkbox"/> Anaphylaxis Allergy to: _____ |

**4 SCHOOLING**

Are you still attending secondary school?  Yes  No

What is your highest completed school level? \_\_\_\_\_

In which year did you complete that school level? \_\_\_\_\_

**5 PREVIOUSLY ACHIEVED QUALIFICATIONS**

Have you successfully completed any of the following qualifications?

- Yes (please tick ANY applicable boxes)  No
- Bachelor Degree or Higher Degree
  - Advanced Diploma or Associate Degree
  - Diploma (or Associate Diploma)
  - Certificate IV (or Advanced Certificate/Technician)
  - Certificate III (or Trade Certificate)
  - Certificate II
  - Certificate I
  - Certificates other than the above

**6 EMPLOYMENT**

Of the following categories, which BEST describes your current employment status? (Tick ONE box only)

- |  |   |
|--|---|
| <input type="checkbox"/> Full-time     | <input type="checkbox"/> Employed – unpaid family business worker |
| <input type="checkbox"/> Part-time     | <input type="checkbox"/> Unemployed – seeking full-time work      |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Unemployed – seeking part-time work      |
| <input type="checkbox"/> Employer      | <input type="checkbox"/> Not employed – not seeking employment    |

**7 STUDY REASON**

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship /apprenticeship?  
 (Tick ONE box only)

- To get a job
- To start my own business
- To get a better job or promotion
- I wanted extra skills for my job
- For personal interest or self-development
- To develop my existing business
- To try for a different career
- It was a requirement of my job
- To get into another course of study
- Other reasons

## Unique Student Identifier (USI)

From January 1<sup>st</sup> 2015, under Australian Government legislation every person who is enrolled with a registered training organisation (RTO) such as DRA Safety, must have a UNIQUE STUDENT IDENTIFIER (USI) before any statements of attainment or certificate can be issued by the RTO. You will be required to insert you USI on all enrolment forms from that date.

To obtain your USI visit [www.usi.gov.au](http://www.usi.gov.au). There is no fee when applying for your USI.

Unique Student Identifier (USI) number :

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**Note:** If you would like DRA Safety to obtain a USI on your behalf, please complete & sign the section below and include a copy of your identification. Please note the copy of your identification will be destroyed immediately after registration of your USI.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Personal Details

Title	Family Name	First Name	Middle Name/s
Date of birth	Place of birth	Driver's License number	
Residential Address (cannot be a P.O. Box)		Town/City	State
Postal Address (if different from residential)			Postcode
Work ☎	Mobile		

### Allergy Guidelines

It is the responsibility of the course participant to inform DRA Safety Specialists of their allergy needs prior to the training course and to follow up by always alerting the trainer and food servers about allergies upon arriving at the training course. However, safe alternatives such as participant prepared food are always welcomed. DRA will endeavour to meet the needs of all training participants however can not held responsible for allergic reactions. Please ensure all participants have relevant medications on them during all training sessions.

### Cancellation Guidelines

#### FEES & CHARGES

All clients of DRA Safety Specialists pay an agreed fee prior to the commencement of the program which they are undertaking. Please note – Payment can be made by EFT, Cheque or Cash. Credit Card facilities are available with a surcharge.

#### REFUND POLICY

Courses may be cancelled up to ten working days prior to commencement of course, either transferring to another date or receiving a full refund. Registration cancelled less than ten working days but before 3 days prior to commencement of a course will incur a 25 % cancellation / transfer fee. If no cancellation/transfer notice is received, or cancellation/transfer is made with less than 3 days' notice, no refund will be issued.

\*Fees may be refunded at the discretion of DRA Safety Specialists management under some circumstances.

You may substitute another Participant at any time prior to course commencement date should the nominated person be unable to attend. Notification to the company business administrator in such changes is imperative.

DRA Safety Specialists reserves the right to cancel or postpone a course to an alternative date. All registered Participants affected by such changes will receive a full refund or be offered the opportunity to transfer to the next available course program date.

No refunds will be made after the commencement of the course unless the Participant can provide a medical certificate or show extreme personal hardship. In this case, fees may be refunded on a pro-rata basis at the discretion of DRA Safety Specialists management.

#### GUARANTEE

DRA Safety Specialists offers a money back guarantee to any participant who is not satisfied with the standard of our training program. This applies at any time during a course and only requires that the complaint be made in writing to ensure that we have it on record.

**I confirm the accuracy of this information and agree to the terms regarding payment and cancellation of my enrolment.**

Student Signature		Date	/ /
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