



SAFETY | ENGINEERING | TRAINING | ASSET MANAGEMENT

COURSE REGISTRATION FORM

To register for the course, please forward your completed registration form to: 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

2022 COURSES

WHSO – Work Health & Safety Officer – Core (5 Days)	May – 16-20		Health & Safety Representative (5 days)	March – 7-11		Fire Safety Adviser (2 Days)	April – 27 & 28	
WHSO – Work Health & Safety Officer – Core (5 Days)	Sept – 12-16		Health & Safety Representative (5 days)	June – 13-17		Fire Safety Adviser (2 Days)	Sept – 19 & 20	
WHSO – Work Health & Safety Officer – Core (5 Days)	Nov – 14-18		Health & Safety Representative (5 days)	Oct – 17-21		*Fire Safety Adviser Recertification / Refresher (1 Day)	May -24	
WHSO – Services Elective (1 Day)	June - 22		*HSR Recertification / Refresher (1 Day)	March – 15		*Fire Safety Adviser Recertification / Refresher (1 Day)	Aug - 18	
WHSO – Services Elective (1 Day)	Oct - 11		*HSR Recertification / Refresher (1 Day)	August - 9		*Fire Safety Adviser Recertification / Refresher (1 Day)	Nov - 9	
WHSO – Services Elective (1 Day)	Dec- 12		* 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 / _____

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 Yes, Aboriginal Yes, Torres Strait Islander
(For persons of both Aboriginal and Torres Strait Islander origin, mark both "yes")

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?
 Employer Website
 Friend/Relative Google
 Other (Please specify): _____
 Advertisement (Where?): _____

3 DISABILITY

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

No Learning
 Hearing/Deafness Mental Illness
 Vision Physical
 Intellectual Acquired Brain Impairment
 Other (Please List) _____

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

No Diabetic
 Vegetarian Vegan
 Lactose Intolerant Gluten Intolerant

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)

Full-time Employed – unpaid family business worker
 Part-time Unemployed – seeking full-time work
 Self-employed Unemployed – seeking part-time work
 Employer 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 1st 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. There is no fee when applying for your USI.

Unique Student Identifier (USI) number :

--	--	--	--	--	--	--	--	--	--

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		Postcode	
Postal Address (if different from residential)									
Work ☎			Mobile 📱			E-mail ✉			
Employer Name (if applicable)									
Employer Address				Town/City		State		Postcode	
Employer Contact Number ☎ / 📱						Employer Contact E-mail ✉			

Note: Items marked with an asterisk (*) are compulsory.

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 about allergies upon arriving at the training course, DRA will endeavour to meet the needs of all training participants however can not hold 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	/	/
-------------------	------	---	---