

REGISTRATION FORM

BSB41407 Certificate IV Occupational Health and Safety
PLEASE PRINT CLEARLY

PERSONAL DETAILS			
Full name (exactly as you want it shown on your qualification)			
Date of Birth	__/__/__	Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Residential Address Postcode		
Postal address for all correspondence Postcode		
Email address			
Mobile phone			
Home phone			
Emergency contact person			
Emergency contact phone number			
EMPLOYMENT DETAILS			
Business trading name			
SPASA member? *	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Business address			
Suburb	State	Postcode	
Country			
Work phone	Work fax		
Website			
Of the following categories, which BEST describes your current employment status?	(TICK one only)		
Full-time employee	<input type="checkbox"/>	Self-employed - not employing others	<input type="checkbox"/>
Employer	<input type="checkbox"/>	Employed - unpaid worker in family business	<input type="checkbox"/>
PAYMENT DETAILS (A CONFIRMING TAX INVOICE WILL BE ISSUED IF AN ABN IS SUPPLIED)			
Registration paid by:	Enrollee <input type="checkbox"/> Employer <input type="checkbox"/>	ABN: _____	
In the amount of:	\$3,000.00		
	Cheque/money order <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <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"/> <input type="checkbox"/> <input type="checkbox"/>	Exp __/__/__	
Name on Card	Signature _____		

* SPECIAL NOTE: a rebate of up to 15% of the fee paid is redeemable by SPASA members. To get this rebate proof of current financial membership must be attached to this form.

DECLARATIONS - IMPORTANT PLEASE READ AND TICK <input checked="" type="checkbox"/> THE FOLLOWING DECLARATIONS AND SIGN	
<input checked="" type="checkbox"/>	
<input type="checkbox"/>	The information I have supplied above is true and correct.
<input type="checkbox"/>	I have read and understand the student information - code of practice published at www.nspi.com.au .
<input type="checkbox"/>	I have read and understand the refund policy.
<input type="checkbox"/>	I understand that NSPI may make my details known to third parties for regulatory reasons or issuing qualifications.
<input type="checkbox"/>	Approval is granted to use feedback and photos for advertising in, but not limited to, newspapers and web pages.
<input type="checkbox"/>	If applying for a licence, I have confirmed with the <u>relevant licensing authority</u> that this pathway is appropriate to the licence I am applying for.
Your signature	Date
How did you come to know about our courses?	

ENROLMENT DETAILS

Country of Birth	Australia <input type="checkbox"/> Other - Please Specify:
Do you speak a language other than English at home?	No, English only <input type="checkbox"/> Yes, other - Please Specify:
How well do you speak English?	Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all <input type="checkbox"/>
Are you of Aboriginal or Torres Strait Islander origin? (If both Aboriginal and Torres Strait Islander origin, Tick both boxes)	
No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/>	
Do you have a disability, impairment or long-term condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
----- If YES, please indicate areas	
What is your highest COMPLETED school level?	
In which YEAR did you complete that school level?	
Have you successfully completed any post-school qualifications?	Yes <input type="checkbox"/> No <input type="checkbox"/>
----- If YES, Please List	
What BEST describes your main reason for undertaking this course (i.e. To get a job / promotion / licence)	

GAP TRAINING

NSPI will recommend gap training in any subject you cannot provide appropriate evidence for. If you decide to do the gap training, the trainee guide and written assessment will be mailed out for you to complete. Once you have read the trainee guide and feel that you have an understanding of the information, do the written assessment and send it back to NSPI for review. Gap training incurs an additional cost of \$200.00 per unit/subject.

ONSITE ASSESSMENT

Travel and accommodation costs for the assessor may need to be paid if the assessment is to take place outside the Brisbane metropolitan region. Your assessor will discuss this with you as required.

COURSE DETAILS

This qualification reflects the role of individuals who use well-developed skills and a broad knowledge base in a wide variety of contexts. They apply solutions to a defined range of unpredictable problems, and analyse and evaluate information from a variety of sources. They may provide leadership and guidance to others with some limited responsibility for the output of others. This qualification would suit an OHS officer in a full-time dedicated role who works under the supervision of an OHS Co-ordinator or OHS Manager.

Job roles could include Occupational Health and Safety Co-ordinator or Occupational Health and Safety Officer.

WHO CAN REGISTER?

Candidates enrolling in this course must be currently working in and have extensive experience in a position with OHS duties, such as Health and Safety Representative or Site Supervisor, or have completed BSB30707 Certificate III in Occupational Health and Safety or other relevant Certificate III qualification. You must have access to an appropriately qualified person who may become you mentor.

OUTCOME

Upon completion of this course you will receive a Nationally Recognised Certificate IV and Result of Assessment listing the units you have completed.

REGISTRATION PERIOD

Each course registration remains open for completion for a period of two years from the date you enrol.

Send completed form with fee to:

All Construction
Assessment and
Training

All Construction Assessment and Training
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