

# Commonwealth Health & Safety Representative (HSR) Training Course

## Comcare accredited Health and Safety Representative (HSR) training

- High quality, professionally delivered HSR training program
- Very experienced and highly qualified facilitator
- Engaging mix of learning strategies and resources
- Positive, collaborative approach to the HSR role
- Includes coverage of workplace mental health issues
- Includes office based and public sector WHS issues
- Includes field work and travel related WHS issues
- **Full catering provided.**
- **Discounts for 3 or more participants from the same organisation.**



## Canberra 5-day HSR Course

**22, 23, 28, 29 & 30 October 2020**

### Venue: Abode Hotel, Woden

10 Bowes Street, WODEN ACT 2606.

### Course Facilitator: Greg Seberry

Master of Business Administration (MBA)  
Graduate Diploma of Education (Adult Education and Training)  
Bachelor of Science (Biochemistry and Physiology)  
Certificate IV in Training and Assessment  
Mental Health First Aid (MHFA) Instructor Accreditation

### Course Registration

Please complete the Course Registration Form and scan and e-mail to [gseberry@iimetro.com.au](mailto:gseberry@iimetro.com.au)

For more information about HSR and other WHS training services, please contact Greg Seberry on **0407 434 202** or at [gseberry@iimetro.com.au](mailto:gseberry@iimetro.com.au).

# HSR Training

## Course Registration Form

Please scan and e-mail to [gseberry@iimetro.com.au](mailto:gseberry@iimetro.com.au)

<b>Course:</b>	<b>Canberra (Abode Hotel, Woden)</b> <input type="checkbox"/> <b>5-day HSR Training Course</b> <b>22, 23, 28, 29 &amp; 30 October 2020</b> <b>Course fee: \$980 +GST.</b> <b>10% discount for 3 or more participants from the same organisation.</b>
<b>Title:</b>	<input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Mr <input type="checkbox"/> Other.....
<b>First Name:</b>	
<b>Surname:</b>	
<b>Work Phone:</b>	
<b>Mobile:</b>	
<b>Work e-mail:</b>	
<b>Employer:</b>	
<b>Employer's Postal Address:</b>	
<b>Emergency Contact Details:</b>	Name: Phone/Mobile:
<b>Special Dietary Requirements:</b>	
<b>Special Needs:</b>	
I accept the terms and conditions outlined below	
<b>Signature:</b>	

### Terms and Conditions

**Payment:** GSA Learning will issue an invoice upon receipt of this Registration Form. Payment may be made by cheque, EFT or credit card (a small credit card fee applies).

**Cancellation Policy:** Cancellation of course registration is accepted more than seven days prior to the workshop date, otherwise another person may be substituted. When you register, you have purchased a place on the course and date(s) shown above. We suggest that you send a substitute if you can't come at the last minute.

**Privacy:** GSA Learning will safeguard all personal information in accordance with Commonwealth privacy legislation and privacy principles.

