ERGOSH Safety Management Services	Pty Ltd	Workplace Health and Safety (2-day) Course for Managers and Supervisors				
ABN 14 081 821 552	Do your Managers and Supervisors need to understand the organisations OH&S Obligations?					
When		Do they know how to implement an effective OH&S Strategy?				
9 th and 10 th March 2022	This intensive 2-day practical course for Managers and Supervisors provides participants with a comprehensive knowledge of workplace health and safety and practical skills to assist in the implementation of an effective health and safety program.					
Where						
Amora Hotel	The topics covered	The topics covered include:				
		OHS legislation & requirements Developing OHS policies and procedures				
Riverwalk Richmond 649 Bridge Road	Risk assessment skills			estigation skills		
Richmond 3121	WorkSafe Victoria Ins	pectors	Supervision	skills to manage	e OH&S	
Corner River Street and Bridge Road Richmond <i>Registration Fee</i> \$475 (Includes GST)	Senior and junior man representatives for the committee members	Who should attend? Senior and junior managers including team leaders, nominated employer representatives for the purpose of OHS issue resolution and health and safety committee members.				
	For inquiries regarding this course contact Colin McLean					
Includes course		on 0412596236 (03) 9427 7122.				
notes, copy of OHS Act 2004, and lunch.						
ACI 2004, and iunch.	Please email this reg	Please email this registration form to:				
NOTE: Please inform ERGOSH regarding specia dietary requirements	al	training@ergosh.com.au				
Registration	Registration De	Registration Details for 2-Day OHS Course (Course Code: 22M01)				
	Course Dates: 9 th and 2	Course Dates: 9 th and 10 th March 2022				
ERGOSH						
339 Church Street Richmond 3121	Company Name:	Company Name:				
Phone: (03) 9427 7122	Contact Person:	Contact Person: Title:				
Filone. (05) 5427 7122		Address:Post Code:				
training@ergosh.com.au						
	Phone:	Phone:Email:				
Course Presenter					No:	
	MasterCard: Uisa:	MasterCard: Visa: Expiry Date://				
	Card Number:					
Colin McLean MAppSc(OHS), FSIA						
	Cardnoider Name:	Cardholder Name: Signature:				
Attendee First Name	Surname/	Title/Positior	n F	Phone Contact	Course Fee	
	Family Name					
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					\$475	
· · · · · · · · · · · · · · · · · · ·		Total Cost (GST inclusive) \$				