



ABN 14 081 821 552

## Workplace Health and Safety (2-day) Course for Managers and Supervisors

**Do your Managers and Supervisors need to understand the organisations OH&S Obligations?**

**Do they know how to implement an effective OH&S Strategy?**

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.

### When

**17<sup>th</sup> and 18<sup>th</sup> March  
2020**

### Where

**Amora Hotel  
Riverwalk Richmond  
649 Bridge Road  
Richmond 3121**

**Corner River Street and  
Bridge Road Richmond**

### Registration Fee

**\$460 (Includes GST)**

**Includes course  
notes, copy of OHS  
Act 2004, and lunch.**

*NOTE: Please inform  
ERGOSH regarding special  
dietary requirements*

### Registration

**ERGOSH  
339 Church Street  
Richmond 3121**

**Phone: (03) 9427 7122  
Fax: (03) 9427 0311**

training@ergosh.com.au

### Course Presenter

**Colin McLean  
MAppSc(OHS), FSIA**

### ***The topics covered include:***

OHS legislation & requirements	Developing OHS policies and procedures
Risk assessment skills	Incident investigation skills
WorkSafe Victoria Inspectors	Supervision skills to manage OH&S

### ***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 Simon Gallagher  
on (03) 9427 7122.***

Please email this registration form to:

**training@ergosh.com.au**

### **Registration Details for 2-Day OHS Course (Course Code: 20M01)**

Course Dates: \_\_\_\_\_ / 2020

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Payment Method** Cheque:  Invoice Us:  Purchase Order:  PO No: \_\_\_\_\_

MasterCard:  Visa:  Expiry Date: \_\_/\_\_/\_\_

Card Number:

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Attendee First Name	Surname/ Family Name	Title/Position	Phone Contact	Course Fee
				\$460

**Total Cost (GST inclusive) \$**