

## 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

**4 & 5 June, 2019**

**8.30am to 4.30pm**

### Where

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

**Corner River Street**

**Melways: 2H G6 or 44 J9**

### Registration Fee

**\$450 (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 post this registration form and cheque made payable to ERGOSH Safety Management Services Pty Ltd to:

**ERGOSH, 339 Church Street, Richmond 3121  
or fax this registration form to (03) 9427 0311  
or email to training@ergosh.com.au**

### **Registration Details for 2-Day OHS Course (Course Code: 19M02)**

Course Dates: \_\_\_\_\_ / 2019

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 Surname	First Name	Title/Position	Phone Contact	Course Fee
				\$450
<b>Total Cost (GST inclusive) \$</b>				