ERGOSH
Safety Management Services Pty Ltd

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

4 & 5 September, 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: 19M03)

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
			Total Cost (GST inclusive) $	