Training Registration Form

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Workers Health & Safety Centre

PLEASE COMPLETE ONE FORM FOR EACH REGISTRANT.

Registrant Information:

Name: _____ (please print)

Address: _____

City/Province: _____

Postal Code: _____

Home Phone: _____

Work Phone/Extension: _____

Email: _____

Preferred Contact No.: ☐ Home ☐ Work

JHSC Member: ☐ Yes ☐ No

☐ Worker ☐ Management

Union Local (If applicable): _____

Work Environment

- ☐ Care facility/home
- ☐ Construction
- ☐ Correctional facility
- ☐ Emergency services
- ☐ Factory/processing plant
- ☐ Farm
- ☐ Hospital
- ☐ Hotel, restaurant or bar
- ☐ Laboratory
- ☐ Mine
- ☐ Mobile (eg., sales/installation)
- ☐ Office
- ☐ Park or recreational facility
- ☐ Print shop
- ☐ Repair shop
- ☐ School/college/university
- ☐ Store or salon
- ☐ Transportation - Air
- ☐ Transportation - Rail
- ☐ Transportation - Road
- ☐ Transportation - Water
- ☐ Utility/treatment plant
- ☐ Warehouse
- ☐ Work from home
- ☐ Other _____

Employer Information:

Contact Name: _____ (please print)

Address: _____

Postal Code: _____

Email: _____

WHSC Discount No. or Promo Code (if applicable): _____

Organization: _____

City/Province: _____

Phone No./Extension: _____

Fax No.: _____

Course Information:

Basic Certification Part I

☐ Basic Certification $531.10

Location: _____

Date: _____

Prices (per person) include 13% HST

Certification Part II Streams

- ☐ Adult Probation & Parole $581.95
- ☐ Correctional Facilities $1,352.61
- ☐ Health Care & Social Services $581.95
- ☐ Manufacturing & Fabricating $966.15
- ☐ Office & Professional $581.95

Location: _____

Date: _____

Other Required Training

- ☐ Awareness Training for Workers $99.44
- ☐ Federal Committees & Representatives $385.33
- ☐ Supervisor Training $193.23
- ☐ WHMIS Review $99.44
- ☐ Other _____

Location: _____

Date: _____

Payment Options:

Cheque Number: _____

Amount: _____

☐ Enclosed, made payable to:

Workers Health & Safety Centre

Cardholder Name: _____

Credit Card Number: _____

CVV: _____ Expiry: _____ (Month/Year) ☐ VISA ☐ MasterCard

Signature of Cardholder: _____

Please mail form with cheque to WHSC, 675 Cochrane Dr., Suite 710, East Tower, Markham, ON L3R 0B8 or fax with credit card information to 416-441-2277, or register online at **www.whsc.on.ca**.

cope:343 Apr/16

WHSC Privacy Policy: Method of payment information gathered by this form is confidential. Other information gathered by this form may be shared, upon request, with an organization with which the registrant is employed or a union in which he or she is a member, for the purposes of verifying completion of the training taken.