

# Training Registration Form

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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

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

## Employer Information:

Contact Name: \_\_\_\_\_  
(please print)  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Organization: \_\_\_\_\_  
City/Province: \_\_\_\_\_  
Phone No./Extension: \_\_\_\_\_  
Fax No.: \_\_\_\_\_  
WHSC Discount No. or Promo Code (if applicable): \_\_\_\_\_

## Course Information:

### Certification Part I - Virtual

Certification Part I \$475.00

Dates: \_\_\_\_\_

Time: \_\_\_\_\_

### COVID-19 - Virtual

COVID-19 \$10.00

Date: \_\_\_\_\_

Time: \_\_\_\_\_

### GHS WHMIS - Virtual

GHS WHMIS \$10.00

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Prices (per person) do not include 13% HST

## Payment Options: *Please note we cannot process payments using pre-paid credit cards.*

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

Credit Card Number: \_\_\_\_\_

CVV: \_\_\_\_\_ Expiry: \_\_\_\_\_  VISA  MasterCard  
Month/Year

Signature of Cardholder: \_\_\_\_\_

Please e-mail form to [eclass@whsc.on.ca](mailto:eclass@whsc.on.ca)

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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.