

Training Registration Form

TRAINING ► THE RIGHT THING. THE RIGHT WAY.

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PLEASE COMPLETE ONE FORM FOR EACH REGISTRANT.

Registrant Information:

Name: _____

Date of Birth (Month/Day/Year): _____

Shipping Address (for virtual course materials where applicable):

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

Employer Information:

Contact Name: _____

Organization: _____

Address: _____

City/Province: _____

Postal Code: _____

Phone No./Extension: _____

Email: _____

Fax No.: _____

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

Course Information: Prices (per person) do not include 13% HST

Certification Part I - Virtual	\$475.00
Certification Part II - General Stream - Virtual	\$382.00
Certification Refresher - Virtual	\$120.00
GHS WHMIS - Virtual	\$10.00
Working at Heights	\$120.00
Working at Heights Refresher	\$120.00

Date of Course: _____

OTHER - Virtual

Course Name: _____

Date: _____

Cost: _____

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

Cardholder Name: _____

Credit Card Number: _____

CVV: _____ Expiry: _____ Month/Year VISA MasterCard

Please e-mail form to contactus@whsc.on.ca

cope:343 Oct/21

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.