



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: _____

Address: _____

Postal Code: _____

Email: _____

Organization: _____

City/Province: _____

Phone No./Extension: _____

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

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

Certification Part I	\$475.00
Certification Part I - Virtual	\$475.00
Certification Part II - General Stream	\$382.00
Certification Part II - General Stream - Virtual	\$382.00
Certification Refresher	\$140.00
Certification Refresher - Virtual	\$140.00
GHS WHMIS - Virtual	\$10.00

Working at Heights \$125.00

Working at Heights Refresher \$125.00

Date of Course: _____

OTHER

Course Name: _____

Date: _____ Cost: _____

Date of Course: _____

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

Cardholder Name: _____

Credit Card Number: _____

CVV: _____ Expiry: _____ VISA Master Card Amex
Month/Year

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

cope:343 Sept/25