

HEALTH AND SAFETY REPRESENTATIVE (HSR) TRAINING 2023

Unions Tasmania is a well-respected and experienced provider of training for Health and Safety Representatives (HSRs), offering a comprehensive five-day course for new HSRs and one-day refreshers throughout the year.

Our training is WorkSafe Tasmania and Comcare-approved.

Topics covered in our training include interpreting the WHS legislative framework, obligations and duties, consultation and issue resolution, establishing representation in the workplace, WHS risk and issuing a Provisional Improvement Notice (PIN).

All courses are held at Unions Tasmania, 212 Liverpool St Hobart Tas 7000 unless otherwise advised. Online attendance via Zoom is an option - we encourage early registration to allow time for us to post your course materials to you.

INTRODUCTORY STATE COURSE (5 DAYS)

Mon 13–Fri 17 Feb (East Devonport)

Mon 27 Feb–Fri 3 March

Mon 27–Fri 31 March (Launceston)

Mon 26–Fri 30 June

Mon 28 Aug–Fri 1 Sept

Mon 27 Nov–Fri 1 Dec

INTRODUCTORY COMCARE COURSE (5 DAY)

Mon 22–Fri 26 May

Mon 11–Fri 15 Dec

ANNUAL REFRESHER COMBINED STATE AND COMCARE HSR COURSE (1 DAY)

Tues 21 Feb

Mon 8 May (Launceston)

Tues 9 May (East Devonport)

Mon 3 July

Mon 4 Sept

Mon 4 Dec

CONTACT UNIONS TASMANIA FOR FURTHER INFORMATION

Call: (03) 6216 7600 Email: admin@unionstas.com.au

As an elected HSR you are entitled to attend training with a provider of your choice, in consultation with your Person Conducting a Business or Undertaking (PCBU).

REGISTRATION FOR TRAINING

You can register by completing and emailing a copy of this form to admin@unionstas.com.au or register online at unionstas.com.au/whs-training

I am registering for:

5-Day State HSR Course
\$810.00 for union members
and \$925.00 for non union
(inc. GST)

5-Day Comcare HSR
Course \$810.00 for union
members and \$925.00 for
non union (inc. GST)

1-Day Annual Refresher
Course \$260.00 for union
members and \$350.00 for
non union (inc. GST)

Course date: _____

Attending in person:

Attending online:

First Name: _____

Last name: _____

Address: _____

Postcode: _____

Phone (mobile): _____

(work): _____

Your employer: _____

Your occupation: _____

Email address: _____

Purchase Order No: (if required) _____

Employer postal address: (for invoicing purposes) _____

Employer Email: _____

Union member: Y / N Name of union: _____

Tick to receive work health and safety updates:

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