



WorkCover Accredited Consultation Course Enrolment Form

Section 1 - Company Details

| | | | | | |
|----------------------------|--|-------|-----------------------|----------|--|
| Contact Person Name | | | | | |
| Organisation Name | | | | | |
| ABN | | | | | |
| Street Address | | | | | |
| Suburb | | State | | Postcode | |
| Telephone | | | Facsimile | | |
| Mobile | | | Email | | |
| Authorising Representative | | | Authorising Signature | | |

Section 2 - Participant Details

| | | | |
|---------------------|--|---------------------|--|
| 1. Participant Name | | 2. Participant Name | |
| 3. Participant Name | | 4. Participant Name | |
| 5. Participant Name | | 6. Participant Name | |

Please fax completed forms to: 02 9532 0588 or email admin@rrp.com.au. A tax invoice and confirmation will be sent to you for payment upon receipt of the completed Enrolment Form.

Participant Identification

All participants must provide identification. A letter will be sent to the participant prior detailing what is acceptable.

Certification

On completion of all topics, all successful participants are issued a certificate for the Course in OHS Consultation. A statement of training will be issued to individuals who successfully complete one or more of the learning topics. If the participant misses a day in the course, only the modules that were completed will be certified. The remaining modules will need to be completed within 2 months.