

# 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"/> Other _____               |
| <input type="checkbox"/> Park or recreational facility    |  |

## Employer Information:

Contact Name: \_\_\_\_\_  
(please print)

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

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

Organization: \_\_\_\_\_

City/Province: \_\_\_\_\_

Phone No./Extension: \_\_\_\_\_

Fax No.: \_\_\_\_\_

## Course Information:

### Basic Certification Part I

☐ Basic Certification \$531.10

Location: \_\_\_\_\_

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

### Certification Part II Streams

☐ Adult Probation & Parole \$581.95

☐ Correctional Facilities \$1,352.61

☐ Health Care & Social Services \$581.95

☐ Manufacturing & Fabricating \$966.15

☐ Office & Professional \$581.95

Location: \_\_\_\_\_

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

### Other Required Training

☐ Awareness Training for Workers \$99.44

☐ Federal Committees & Representatives \$385.33

☐ Supervisor Training \$193.23

☐ GHS WHMIS \$56.50

☐ Working at Heights \$101.70

☐ Working at Heights Refresher \$101.70

☐ Other \_\_\_\_\_

Location: \_\_\_\_\_

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

**Prices (per person) include 13% HST**

## Payment Options:

Cheque Number: \_\_\_\_\_

Amount: \_\_\_\_\_

☐ Enclosed, made payable to:

**Workers Health & Safety Centre**

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

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

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

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

Please mail form with cheque to WHSC, 675 Cochrane Dr., Suite 710, East Tower, Markham, ON L3R 0B8 or  
fax with credit card information to 416-441-2277, or register online at **www.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.