

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

Employer Information:

Contact Name: _____
(please print)
Address: _____
Postal Code: _____
Email: _____
Organization: _____
City/Province: _____
Phone No./Extension: _____
Fax No.: _____
WHSC Discount No. or Promo Code (if applicable): _____

Course Information:

Basic Certification Part I

Basic Certification \$475.00
Location: _____
Date: _____

Certification Part II Streams

Health Care & Social Services \$573.00
 Manufacturing & Fabricating \$955.00
 Office & Professional \$573.00
Location: _____
Date: _____

Other Training

Certification Refresher \$120.00
 Smaller Workplaces (HSR) \$382.00
 Supervisor H&S \$191.00
 GHS WHMIS (3 hours) \$75.00
 Working at Heights \$120.00
 Working at Heights Refresher \$120.00
 Other _____

Location: _____
Date: _____

Prices (per person) do not include 13% HST

Payment Options:

Cheque Number: _____ Cardholder Name: _____
Amount: _____ Credit Card Number: _____
CVV: _____ Expiry: _____ VISA MasterCard
Month/Year
 Enclosed, made payable to:
Workers Health & Safety Centre
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.