

# Health & Safety Committee (HSC) Training

Health and Safety Committee Training (HSC) is a four hour Work-safe ACT Approved course to provide information to workers on health and safety matter and the purpose, functions and responsibilities of a HSCMBA Group Training have been approved by Work-safe ACT as required under Section 72 of the Work Health and Safety Act 2011 (ACT) to deliver this training.

**DURATION:** 4 hours

**DELIVERY:** 8.30am - 12.30pm

**TIME:** Master Builders Skills Centre, 1 Iron Knob Street, Fyshwick ACT 2609

**VENUE:** \$100\* (member after rebate) \$200 (member)

**COST:** \$130\* (non-member after rebate) \$230 (non-member)

*\*Up to 70% of the course cost may be refundable to eligible applicants through the ACT Building and Construction Industry Training Fund (TFA). For eligible learners, the TFA rebate is factored into the pricing structure.*

## COURSE REQUIREMENTS:

- Photo identification for identity verification
- English language skills sufficient to understand both written and verbal instruction
- Language, Literacy and Numeracy (LLN) assessment to be completed prior to confirmation of your enrolment

## CONTENT:

- Interpreting legal obligations, roles and responsibilities
- Understanding and practically applying the functions of health and safety committees
- When and why committees need to meet
- How to conduct successful and meaningful committee meetings
- Developing practical consultation and communication skills

## CERTIFICATION:

On successful completion participants will be issued with a Certificate of Attendance.

## FURTHER ENQUIRIES:

Trisha Moore Ph: (02) 6175 5977

Email: [training@mba.org.au](mailto:training@mba.org.au)

## REGISTRATION:

Email this form 14 days prior to the course

Email: [training@mba.org.au](mailto:training@mba.org.au)



**MASTER BUILDERS**  
GROUP TRAINING

RTO NO. 88163  
ABN 62130865253

**For training dates please refer to our training calendar on our website  
[www.mba.org.au](http://www.mba.org.au) or contact us on 6175 5977  
Additional courses may be scheduled for group bookings.**

All MBAGT Polices are available on our website @ [mba.org.au](http://mba.org.au)

# Non-Accredited Enrolment Form



PH: 02 6175 5977

EMAIL: [training@mba.org.au](mailto:training@mba.org.au)

Name of course:

Date of course:

## UNIQUE STUDENT IDENTIFIER (USI)

From 1 January 2015, we MBA Group Training Limited can be prevented from issuing you with a nationally recognised VET qualification or statement of attainment when you complete your course if you do not have a Unique Student Identifier (USI). To check if you already have a USI, use the 'Forgotten USI' link on the USI website at <https://www.usi.gov.au/faws/i-have-forgotten-my-usi/>. For further details please see our USI Policy at <https://www.mba.org.au/training/policies-and-procedures/>. **Please enter your Unique Student Identifier (USI) in the space below.**

USI NUMBER:

## PERSONAL DETAILS

*Note: Please write the name that you used when you applied for your Unique Student Identifier (USI), including any middle names. If you do not yet have a USI and want MBA Group Training Limited to apply for a USI on your behalf, you must write your name, including any middle names, exactly as written in the identity document you choose to use for this purpose.*

Family Name:

Given Name:

Other Name:

Gender (please tick):

Female

Male

Other

DOB:

Email:

Mobile No:

Home No:

*Note: Please provide the physical address (street number and name not post office box) where you usually reside rather than any temporary address at which you reside for training, work or other purposes before returning to your home. We are required to include this information in the data we submit to meet our RTO obligations.*

Building/Property Name:

Flat/Unit No:

Street or Lot No:

Street Name:

Suburb:

State/ Territory:

Postcode:

*Note: If your postal address is the same as your residential address listed above, please move onto **Employment Information**.*

## POSTAL ADDRESS

Building/Property Name:

Street or Lot No:

Street Name:

Suburb:

State/ Territory:

Postcode:

**CONTINUED ON NEXT PAGE**

## EMPLOYMENT INFORMATION

Of the following categories which **BEST** describes your current employment status? (tick one box only)

*\*For casual, seasonal, contract and shift work, use the current number of hours worked per week to determine whether full time (35 hours or more per week) or part-time employed (less than 35 hours per week).*

- Full time employee     Part time employee     Not employed - not seeking employment
- Self-employed - not employing others     Self-employed - employing others
- Employed - unpaid worker in family business     Unemployed - seeking full time work
- Unemployed - seeking part time work

## EMPLOYER DETAILS

Employer Name:

Employer Email:

PO No:

Attendees position/occupation with Employer:

Employer Contact No:

ABN/ACN:

Employer Address:

Suburb:

State/ Territory:

Postcode:

## CULTURAL DIVERSITY

In which country were you born?

Australia

Other, please specify:

**Are you of Aboriginal or Torres Strait Islander origin?** (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

No

Yes, Aboriginal

Yes, Torres Strait Islander

## DISABILITY

If you consider yourself to have a disability, impairment or long-term condition, please select the area(s) in the following list: (You may indicate more than one area, please refer to the disability supplement for an explanation of the following disabilities, available at <https://www.mba.org.au/training/policies-and-procedures/> )

Hearing/Deaf

Physical

Intellectual

Vision

Learning

Mental illness

Acquired brain impairment

Medical condition

Other

**CONTINUED ON NEXT PAGE**

## STUDY REASON

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> To try for a different career   | <input type="checkbox"/> It was a requirement of my job   | <input type="checkbox"/> PD/Self-development |
| <input type="checkbox"/> I want extra skills for my job  | <input type="checkbox"/> To get a better job or promotion | <input type="checkbox"/> Other               |
| <input type="checkbox"/> For another course of study     | <input type="checkbox"/> For community/voluntary work     | <input type="checkbox"/> To get a job        |
| <input type="checkbox"/> To develop my existing business | <input type="checkbox"/> To start my own business         |  |

## PRIVACY STATEMENT AND STUDENT DECLARATION

I declare that the information I have provided to the best of my knowledge is true and correct. I understand that my RTO is required to submit data sourced from this enrolment form to the National Centre for Vocational Education Research Ltd (NCVER) as a regulatory reporting requirement. The information contained on my enrolment form may be used by my RTO or the following third parties for administrative, regulatory and/or research purposes:

- Employer – if I am enrolled in training paid by my employer.
- Government departments and authorised agencies.
- School – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship.
- NCVER.
- Organisations conducting student surveys.
- Researchers

You may receive an NCVER student survey which may be administered by an NCVER employee, agent or third-party contractor. Please note you may opt out of the survey at the time of being contacted.

All elements of enrolment, payment and training delivered at MBA Group Training is conducted in accordance with the policy and procedures accessible at [www.mba.org.au/training/policies-and-procedures/](http://www.mba.org.au/training/policies-and-procedures/). This includes, but is not limited to:

- USI Policy
- USI Application through your RTO
- Complaints and Appeals Policy
- Transfer and Cancellation Policy
- Enrolment Policy
- Assessment Policy
- Disability Supplement
- Privacy Policy
- PPE Policy

**Student Signature:**

**Date:**

**\*Parent/Guardian Signature:**

**Date:**

*\*Parental/guardian consent is required for all students under the age of 18. NCVER will use, secure, disclose, and retain your data in accordance with the VET Data Protocol and all NCVER policies and protocols (including those published on NCVER's website at [www.ncver.edu.au](http://www.ncver.edu.au)).*

## PAYMENT DETAILS

**Person/Company responsible for payment of course:**

**Payee Email Address :**

**Payment Method:**

Credit Card

Invoice (will be sent to payee email address listed above)

*\*Any credit card details collected by MBA Group Training will be stored securely until payment has been made for the specified enrolment/s. After payment, credit card details will be destroyed.*

**Cardholder name:**

**Card No:**

**Expiry Date:**

**Payee Signature:**

## ENROLMENT SURVEY

This information will be used to contribute to our analysis of completed training and allow our team to continue delivering training to meet industry needs.

**IS THE STUDENT A NEW ENTRANT TO THE ACT CONSTRUCTION INDUSTRY?**

Yes

No

**IS THE STUDENT OBTAINING A NEW SKILL BECAUSE OF A SPECIFIC PROJECT THEY ARE WORKING ON?**

Yes

No

**IS THE STUDENT RELOCATING FROM OUTSIDE OF THE ACT TO THE ACT FOR WORK?**

Yes

No

**IS THE EMPLOYER A MEMBER WITH THE MBA?**

Yes

No

**HOW DID YOU HEAR ABOUT US?**

Another MBA Member

Returning Client

MBA Website

MBAGT Staff Member

Existing Client

Word of Mouth

Social Media

**For further information about the range of MBA's services and training courses please refer to our website [www.mba.org.au](http://www.mba.org.au)**

**or contact us on 6175 5900**



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