

# BSB41419

## Certificate IV in Work Health and Safety (WHS)

Are you working in a Work Health and Safety (WHS) role where you provide leadership and guidance as well as having some limited responsibility for the output of others? Formalise your skills with this nationally recognised qualification. The BSB41419 Certificate IV in Work Health and Safety reflects the role of workers who apply a broad knowledge base and well developed skills in a wide variety of contents, this may include: WHS officer/Co-ordinator, WHS Manager, Site Supervisor, WHS Advisor and Facilitators.

This program is delivered one (1) day per month over a mix of ten (10) remote online and face-to-face sessions.

**DURATION:** 8 hours

**TIME:** 8.00am – 4.00pm

**VENUE:** 1 Iron Knob Street, Fyshwick ACT 2609 or Remote via Microsoft Teams

**COST:** \$3,200 (*member rate*)

\$3,800 (*non-member rate*)

*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.*

### UNITS OF COMPETENCY:

- BSBWHS412 - Assist with workplace compliance with WHS laws
- BSBWHS413 - Contribute to implementation and maintenance of WHS consultation and participation processes
- BSBWHS414 - Contribute to WHS risk management
- BSBWHS415 - Contribute to implementing WHS management systems
- BSBWHS416 - Contribute to workplace incident response
- BSBWHS418 - Assist with managing WHS compliance of contractors
- BSBWHS419 - Contribute to implementing WHS monitoring processes
- BSBWHS431 - Develop processes and procedures for controlling hazardous chemicals in the workplace
- BSBLDR411 Demonstrate leadership in the workplace
- PUAFER001 - Identify, prevent and report potential facility emergency situations

### COURSE REQUIREMENTS:

- Participants must provide 100 points of identification and must be a minimum of 18 years of age
- Basic numeracy skills
- English language skills sufficient to understand both written and verbal instruction
- Online Language, Literacy and Numeracy (LLN) assessment to be completed
- BYO Device - Laptop with Webcam and Wi-Fi accessibility

### CERTIFICATION:

Competent participants will be issued with a Statement of Attainment for the units completed.

### FURTHER ENQUIRIES:

Ph: (02) 6175 5900

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

Master Builders Skills Centre, 1 Iron Knob Street, Fyshwick, 2609

### REGISTRATION:

Email this form 14 days prior to the course (exceptions may apply)

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

# Cert IV in WHS Enrolment Form



PH: 02 6175 5979

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

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## 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.  | • NCVER.                                    |
| • Government departments and authorised agencies.   | • Organisations conducting student surveys. |
| • School – if I am a secondary student undertaking VET, including a school-based apprenticeship or traineeship. | • 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                       | • Transfer and Cancellation Policy | • Disability Supplement |
| • USI Application through your RTO | • Enrolment Policy                 | • Privacy Policy        |
| • Complaints and Appeals Policy    | • Assessment 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: