



REGISTRATION FORM

Last Name: _____ First Name: _____
Please print name clearly as you would like it to appear on your certificate.

Address: _____

City: _____ Prov: _____ Postal Code: _____

Union: (if applicable) _____ Home Phone: _____

E-mail: _____ Fax: _____

Workplace: _____ Work Phone: _____

Name of Course Selection: _____

Date: _____ Location: _____

Who are you:

- Worker Joint Health & Safety Committee Co-chair *
Worker Health & Safety Committee Representative *
Worker Health & Safety Representative Small Workplace (10 to 19 workers) *
Employer Joint Health & Safety Committee Co-Chair *
Employer Joint Health & Safety Committee Representative *
Worker Other (please specify)

* as defined by the Workers Compensation Act

Are you taking the course as your annual educational leave entitlement? Yes No
(Please see reverse for additional information regarding annual educational leave entitlement.)

Fees must be paid prior to the course. Refunds will be issued with 24 hours cancellation notice only. Please make cheque payable to: BC Fed Health & Safety Centre.

Payment Enclosed: Yes No Cost: \$85.00 Cheques only

INVOICE EMPLOYER EMPLOYER'S FAX (if different from above)

PLEASE ENSURE COMPLETE INVOICE NUMBER OR PARTICIPANT'S NAME IS INCLUDED WITH YOUR CHEQUE

Send Registration Form to: (or for additional information contact:)
BC Fed Health & Safety Centre
200-5118 Joyce Street
Vancouver BC V5R 4H1

Phone: 604-430-1421 Toll Free: 1-888-223-5669 Fax: 604-430-5917

Please see the reverse side of this form for important information about your entitlement for paid education leave and our privacy policy.



Please Read This Note

If you are a Joint Occupational Health and Safety Committee member or a Worker Health and Safety Representative, and you are taking the course as the annual educational leave you are entitled to under the Workers Compensation Act, your employer must:

- Provide the leave without loss of pay or other benefits;
- Pay (or reimburse you) for the costs of the course and any reasonable costs of attending the course; and
- You must obtain approval to take the course as educational leave through your Joint Health and Safety Committee (or your employer if you are a Worker Representative in a small workplace) before the course begins. (If you have difficulty in obtaining approval, contact your union.)

Privacy Statement

Privacy Statement: The personal information provided in this registration form will only be used for the purposes of session registration and will not be sold, shared or otherwise provided to any third party, unless it is for the purpose of academic research that complies with normal confidentiality and ethical standards, or in order to comply with project accountability requirements of the project funder, WorkSafeBC. The B.C. Federation of Labour may use the contact information you have provided to contact you or provide you with additional information in the future regarding workplace occupational health and safety.

See our list of OH&S courses at www.bcfed.com