

# 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) Organization: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone No./Extension: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
WHSC Discount No. or Promo Code (if applicable): \_\_\_\_\_

## Course Information:

### Occupational Health and Safety - Level 1

Location: Brampton/Mississauga

Dates: March 23-24 2019 & April 6-7 2019

Course for OHS Level 1 - 200.00\$ per person

The WHSC Occupational Health and Safety Level 1 program is intended for use by unions to train new joint committee members and health and safety representatives. Through the Level 1 program, participants learn and practice skills needed to promote and achieve prevention in the workplace. Upon completion of the program, learners receive a Level 1 certificate.

The Level 1 program trains worker representatives to identify and fight off behavioural-based management approaches and establish real prevention programs that identify, assess and control hazards. But workers do not have the power to simply institute these programs; employers hold the power in the workplace, workers must bargain. These negotiations are both similar and different than those typically carried out to establish a collective agreement. Like collective agreement bargaining, there is a profound need to get information, communicate with members, build proposals and apply leverage. However, when it comes to health and safety, there is no multi-year contract that defines the conditions of work. In all workplaces, hazards change regularly—even daily—and these changes to the conditions of work usually take place without any consultation with workers. Because the employer can continuously and unilaterally change the hazards of work, worker representatives need to continuously bargain with employers for improved prevention. The WHSC Level program trains worker representatives to carry out this continuous bargaining mission.

## Payment Options:

Cheque Number: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_  
Amount: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_  
CVV: \_\_\_\_\_ Expiry: \_\_\_\_\_  VISA  MasterCard  
 Enclosed, made payable to:  
**PRLC** Signature of Cardholder: \_\_\_\_\_

Please mail form with cheque to PRLC PO BOX 173 Brampton, ON L6V 2L1  
Attention Jennifer Vigneault

cope:343 July/18

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.