

















Reference

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1 Purpose

The requirement for a health and safety representative (HSR) to undertake a course of training is outlined in the *Work Health and Safety Act 2020* (WHS Act). The WHS Act provides the HSR training must be provided through a course of training that is approved by Work Health and Safety Commission (the Commission).

This document sets out the terms and conditions under which the Commission agrees to grant authority to a training provider to deliver an approved course of HSR training in Western Australia.

To become an approved training provider for HSR training a provider must be a registered training organisation (RTO) accredited by the Training Accreditation Council (TAC) or the Australian Skills Quality Authority (ASQA).

This document provides details of the specific conditions of the conduct of HSR training and associated administrative procedures to help uphold public and industry confidence in the quality of HSR training in Western Australia.

The Commission may amend, add or revoke any of these conditions without consultation by supplying a written copy of the amended document to the approved training provider or by sending an electronic copy to the most recent email address provided to the Commission.

Failure to conduct HSR training and associated activities in accordance with these conditions, or failure to comply with any reasonable request from the Commission in relation to such training, may result in the suspension or cancellation of the authority to deliver.

2 Becoming an approved training provider

An RTO wishing to become an approved training provider for HSR training in Western Australia is required to submit a completed application form (Appendix 1) along with the required evidence to support the nomination of an individual trainer. The application must be signed by an authorised officer of the RTO and submitted to WHSCommission@demirs.wa.gov.au.

At least one suitably qualified trainer must be nominated by an RTO at the time of application.

Approval typically takes between 2 and 4 weeks. An RTO may not commence operation as an approved provider until that authority is granted by the Commission.

Authority to deliver HSR training in Western Australia as an approved training provider lasts for three years. Within three months of the end of an authority period an RTO may apply for renewal of its authority.

If the details of the authorised officer change, please notify the Commission at WHSCommission@demirs.wa.gov.au.

3 General requirements

An approved training provider (approved provider) must use the materials provided to deliver the course of training approved by the Commission. Some flexibility in terms of course format, examples, case studies and scheduling is allowable, consistent with the principles of reasonable adjustment, to ensure good learner outcomes.

The Commission reserves the right to suspend or cancel an RTO's authority to deliver at any time, at its discretion. Any decision to do so will occur after due consideration, and in accordance with the principles of due process and natural justice.

Approved providers accept that the Commission can give 21 days' written notice terminating the authority to deliver HSR training, and upon such notice being given the RTO understands that they must cease all HSR training on or before the specified date.

An approved provider must ensure that its marketing and advertising of the approved HSR training is consistent with the approved course of training.

An approved provider will not infringe copyright, intellectual property rights and moral rights of the owner of and persons having interest in training materials developed for use in the approved HSR course.

The Commission is not liable for any damage or loss caused by an error in course materials supplied to an approved provider by any person acting on behalf of the Commission. An approved provider must advise the Commission in writing to WHSCommission@demirs.wa.gov.au as soon as reasonably practicable of any errors contained within the training materials supplied.

Approved providers must submit to audit, if directed to do so by the Commission.

An approved provider must have a documented system for the administration of the approved course consistent with the standards required of an RTO.

An approved provider must ensure that all nominated trainers, and others associated with the administration and delivery of the HSR training are provided access to these conditions and abide by them at all times.

An approved provider must have a system for the provision of information and training to approved trainers prior to them delivering any course content to ensure they are familiar with the content. Updates must be provided on the basis of any changes to course content.

Approved providers, including approved trainers and others associated with the administration and delivery of the HSR training, will represent the Commission in a professional manner and promote WorkSafe and the WorkSafe Commissioner in a positive manner.

An approved provider must disclose any real or perceived conflicts of interest as soon as reasonably practicable via email to WHSCommission@demirs.wa.gov.au.

An approved provider must not collude with a participant or anyone else regarding HSR training outcomes. This includes demanding or accepting bribes, gifts or other inducements of benefits that may directly or indirectly influence or appear to influence the RTO's ability to act impartially. This applies to the approved provider and any other entity associated with the approved provider.

An RTO must ensure that it holds public liability insurance that covers the scope of its operations throughout the duration of its term as an approved training provider.

An RTO granted authority to deliver the HSR training by the Commission is an approved provider in Western Australia only.

4 Nominated trainer criteria

Each application for approval to become an approved provider must be accompanied by the nomination of at least one suitably qualified and experienced trainer for approval by the Commission.

An approved provider must seek approval from the Commission for any additional trainers who will be delivering HSR training. Requests can be made using the form at Appendix 2 and email it to WHSCommission@demirs.wa.gov.au along with information to support validation of the requirements listed. Notification of approval must be received from the Commission before trainers can undertake any HSR training activities on behalf of the provider.

If a training provider engages the services of a trainer who has already been approved as a trainer with a different training provider, it is not necessary to submit an application for that trainer but it is necessary to notify the Commission of the appointment of that trainer. This enables the Commission to update its records and to confirm that the person is an approved trainer.

The provider must ensure trainers delivering the HSR course meet the following requirements:

- (a) a minimum qualification of Certificate IV in Work Health and Safety, or a higher relevant or equivalent qualification (note that 'equivalent' can also mean mapping experience in addition to the old qualification to demonstrate competency)
- (b) a Certificate IV in Training and Assessment, or higher qualification
- (c) a minimum of two years relevant experience in an industrial/workplace relations or work health and safety role
- (d) evidence of qualifications or experience in consultation, negotiation and issue resolution that empowers workers' in a workplace setting
- (e) relevant experience in delivering training in an adult learning environment

Trainers must conduct themselves diligently, efficiently, honestly, impartially and with integrity.

If attaching a CV, please ensure that it is current and clearly addresses the requirements listed above. If the applicant's qualifications were obtained some time ago, it is important to demonstrate recent and relevant experience. Organisations seeking approval for trainers who hold qualifications are not current should either encourage the trainer(s) to enrol in the current qualification or complete competency mapping to demonstrate their equivalence.

5 Training

An approved provider must only use the approved HSR training package as provided by the Commission.

Some flexibility in terms of course format, examples, case studies and scheduling is allowable, consistent with the principles of reasonable adjustment, to ensure good learner outcomes.

All training must be conducted in a face-to-face setting.

All training course components must be completed within six months of commencement.

An approved provider must supply trainers with all relevant documentation including facilitator notes, and presentation materials.

An approved provider must provide:

- (a) educational and support services to meet the needs of the learner cohort/s undertaking the training
- (b) learning resources to enable learners to understand and retain course content, and which are accessible to the learner regardless of location or mode of delivery
- (c) facilities, and equipment to accommodate and support the number of participants undertaking the training and knowledge evaluation

An approved provider must ensure that all training facilities and equipment enable the effective delivery of the approved course and the training environment is safe without risk to health.

Each participant is to be provided with information on how to access copies of the WHS Act and WHS Regulations.

There is no formal assessment for the HSR training course, but the facilitator must make a decision about engagement and the achievement of learning outcomes for each individual participant. Participants must have obtained an appropriate level of understanding of the knowledge and skills necessary to perform the role of an HSR before they are deemed to have completed the HSR training course.

The recommended optimal class size is 10–15 students, with small variations under particular circumstances. Training providers are welcome to discuss this matter with the Commission if they are unsure.

An anonymous course feedback form must be provided to each participant following the completion of the training course.

6 Post training administration

Each successful participant must be issued with a certificate of attendance

The certificate must contain the following information:

- (a) the approved training provider name
- (b) the name of the approved HSR trainer
- (c) the participants full name, as per the registration details
- (d) all date/s of training
- (e) the signature of an authorised person for the provider
- (f) the date of issue
- (g) a statement that the course and the provider is approved by the Commission to deliver HSR training in Western Australia

Data for annual reporting purposes must be collated.

7 Record keeping

All records must be maintained in English.

The provider must not make false or misleading declarations in their dealings including falsifying any information, participant responses or issuing a certificate of attendance to a participant who did not successfully complete training.

An approved provider must maintain the participant records for a minimum of seven years for inspection on behalf of the Commission, if requested (electronic records are sufficient). This should include, but is not necessarily limited to;

- (a) records of all course training dates
- (b) participant enrolment or registration forms
- (c) records of attendance for each day of training
- (d) records of all certificates of attendance issued
- (e) participant training and feedback forms, and responses to complaints

In the event that training records are lost, stolen, destroyed or damaged the provider must advise the Commission in writing via WHSCommission@demirs.wa.gov.au within 14 days with details of what has occurred and what specific records were affected.

The provider must retain appropriate records and evidence on file for each trainer engaged to deliver the HSR course. Records and evidence should be consistent with the requirements of the criteria for a nominated trainer.

8 Annual reporting

The Commission requires each approved provider to submit an annual report for both the five-day course and the refresher course. The report(s) will be about the delivery of courses for the preceding year, ending on 30 June. The first annual report may cover only part of the twelve-month period because a course may be accredited in any month.

The information given in the annual report provides a profile of HSR participation by industry and occupation.

The information required in the annual report is to be collected from course participants. A template for the annual report for the five-day course is provided at Appendix 4 to this Guide. An optional form is provided at Appendix 5 which may assist an approved provider with collecting the required data from HSR training course participants.

The template for the annual report for refresher training is provided at Appendix 2 to the Health and safety representative (HSR) refresher training requirements: Guide.

The details required in the annual reporting for the two different types of training courses must not be amalgamated into one report.

The annual report should be submitted before 31 July of each year, via the email address WHSCommission@demirs.wa.gov.au.

Failure to submit the annual report for approved courses may result in approval to deliver HSR training being revoked.

9 Audits

A delegated representative may, at the request of the Commission, conduct an audit on an approved provider to confirm compliance with the conditions of delivery. This may include;

- (a) attendance at training sessions to ensure the course continues to meet these guidelines and criteria
- (b) administrative audits
- (c) discussing training activities with trainers and participants
- (d) reviewing trainer qualifications as listed
- (e) any other activity deemed necessary by the Commission to ensure compliance is maintained with these guidelines and criteria

The approved provider will provide all reasonable assistance to the Commission during audit and upon request.

The approved provider will supply all documents to the Commission upon request within the specified timeframe.

The Commission will confirm the outcome of any audit in writing.

The approved provider must supply rectification evidence for any non-compliance identified by the Commission within the time frame given by emailing WHSCommission@demirs.wa.gov.au.

10 Complaints process

The approved provider must have a complaints policy to manage and respond to allegations involving the conduct of the provider, its nominated trainers or other staff.

The approved provider must:

- (a) securely maintain records of all complaints and their outcomes
- (b) identify potential causes of complaints and take appropriate corrective action to eliminate or mitigate the likelihood of reoccurrence
- (c) provide information about such feedback and complaints to the Commission if requested to do so.

11 Enforcement procedures

In the event of an approved provider's ongoing non-compliance with these guidelines and criteria the Commission reserves the right to suspend or cancel an RTO's authority to deliver at any time. Any decision to do so will occur after due consideration, and in accordance with the principles of due process and natural justice.

A non-compliance may include, but is not necessarily limited to;

- (a) a failure to comply with the legislative requirements as a PCBU
- (b) a failure to comply with any part of these guidelines and criteria
- (c) a failure to comply or respond to any reasonable request by the Commission
- (d) in dealing with the Commission the approved provider knowingly gave or maintained information that was false or misleading in a material way
- (e) any other issue which impacts the approved provider's ability to uphold public and industry confidence in the quality of HSR training in Western Australia

Approved providers accept that the Commission can give 21 days' written notice terminating the authority to deliver HSR training, and upon such notice being given the RTO understands that they must cease all HSR training on or before the specified date.

The approved provider or trainer may be offered the opportunity to provide the Commission, at its absolute discretion, with further information in the 21 day notice period before the approval is suspended or cancelled.

12 Renewal of approval

Renewal of the authority to deliver HSR training as an approved training provider is not automatic.

Within three months of the end of an authority period an RTO may apply for renewal of its approval. To apply for renewal, training providers must complete and submit the form at Appendix 3. The form seeks administrative details, the identity of current trainers, whether training has been conducted during the previous two years, and whether it is intended to conduct training during the next year.

If no training has been conducted over the previous two years, training providers are asked to justify why their application for renewal should be approved. Approval may not be granted if the Commission believes it cannot be justified.

If an approved provider's authority to deliver expires prior to the renewal of that authority the RTO may not continue the delivery of HSR training unless expressly approved by the Commission to do so.

Appendix 1 Application to become an approved provider

This form is used to apply for approval to deliver HSR training in Western Australia.

Tasining provides association detail	
Training provider organisation detail	
Business name	
ABN/ACN	
Trading name	
RTO number	Registration expiry date
Training provider organisation detail	
Business address	
Town/suburb	State Postcode
Is your postal address the same as above?	If not complete below. Yes No
Postal address	
Town/suburb	State Postcode
Work number	Mobile number
Email address	
Website address	
Authorised officer details	
Name	
Position	
Work number	Mobile number
Email address	

Nominated trainer details

A nominated trainer is a person employed by, contracted to, partnered with or affiliated with the applicant training provider and who will deliver HSR training if approved by the Work Health and Safety Commission.

Nominated trainers are required to declare any work health and safety disciplinary proceedings in any State or Territory i.e. suspensions, cancellations and court related matters.

The applicant training provider is required to provide details of at least one nominated trainer with this application.

The applicant training provider must gain Work Health and Safety Commission approval for any additional nominated trainer(s) prior to them delivering HSR training in Western Australia.

The applicant training provider must attach certified copies of each nominated trainer's formal qualifications.

The training provider must attach documented evidence to demonstrate their nominated trainer's compliance with the criteria for trainer qualifications.

Name					
Date of birth Contac	t number				
Postal address					
Town/suburb	State Postcode				
Email address					
Nominated trainer declaration					
The information in this application and documentation submitted are true and correct to the best of my knowledge.					
I will comply with the ongoing obligations of appr	oval as defined by the conditions of approval.				
I consent to the Work Health and Safety Commission making enquiries and exchanging information with work health and safety regulators in other States, Territories or the Commonwealth regarding any matter relevant to this application.					
Nominated trainer signature	Date				

_	Have you read, and can your training organisation meet the conditions of approval?
	Do you agree to comply with the ongoing obligations as defined by the guidelines and criteria?
	Do you consent to your training provider name and office contact details being listed on the approved training provider public register on the DEMIRS website?
	Have each of your nominated trainers completed the nominated trainer declaration?
	Does each nominated trainer meet the requirements detailed in the guide?
	Have you attached certified copies of each nominated trainer's formal qualifications and relevant details of their work experience?
	Do you acknowledge that any breach of the conditions of approval may result in the suspension or cancellation of Work Health and Safety Commission approval to deliver HSI training?
	Have you sighted the nominated trainer's proof of identity?
۱uth	norised officers declaration
As ai	uthorised officer(s) I/we declare:
hav	e authority from the approved training provider to complete and submit this notification.
	nformation in this notification and documentation submitted are true and correct to the bes y knowledge.
nfor	sent to the Work Health and Safety Commission making enquiries and exchanging mation with work health and safety regulators in other States, Territories or the monwealth regarding any matter relevant to this application.
nfor Com	mation with work health and safety regulators in other States, Territories or the
nfor Com	mation with work health and safety regulators in other States, Territories or the monwealth regarding any matter relevant to this application. e of authorised officer
nfor Com Nam Posit	mation with work health and safety regulators in other States, Territories or the monwealth regarding any matter relevant to this application. e of authorised officer
nfor Com Nam Posit Signa	mation with work health and safety regulators in other States, Territories or the monwealth regarding any matter relevant to this application. e of authorised officer tion
nfor Com Nam Posit Signa	mation with work health and safety regulators in other States, Territories or the monwealth regarding any matter relevant to this application. e of authorised officer cion Date
nfor Com Jam Posit	mation with work health and safety regulators in other States, Territories or the monwealth regarding any matter relevant to this application. e of authorised officer tion Date Cklist
nfor Com Nam Posit	mation with work health and safety regulators in other States, Territories or the monwealth regarding any matter relevant to this application. e of authorised officer tion Date cklist Application form completed and declaration signed Read and understood the information and requirements contained in the guidelines and
nfor Com Nam Posit Signa	mation with work health and safety regulators in other States, Territories or the monwealth regarding any matter relevant to this application. e of authorised officer tion Date cklist Application form completed and declaration signed Read and understood the information and requirements contained in the guidelines and criteria At least one trainer nominated and ensured each nominated trainer reads and signs the
nfor Com Nam Posit Signa	mation with work health and safety regulators in other States, Territories or the monwealth regarding any matter relevant to this application. e of authorised officer tion Date cklist Application form completed and declaration signed Read and understood the information and requirements contained in the guidelines and criteria At least one trainer nominated and ensured each nominated trainer reads and signs the declaration in the nominated trainer details section of the application form
nfor Com Nam Posit Signa	mation with work health and safety regulators in other States, Territories or the monwealth regarding any matter relevant to this application. e of authorised officer tion Date Cklist Application form completed and declaration signed Read and understood the information and requirements contained in the guidelines and criteria At least one trainer nominated and ensured each nominated trainer reads and signs the declaration in the nominated trainer details section of the application form Attached certified copies of each nominated trainer's formal qualifications
nfor Com Nam Posit	mation with work health and safety regulators in other States, Territories or the monwealth regarding any matter relevant to this application. e of authorised officer tion Date Cklist Application form completed and declaration signed Read and understood the information and requirements contained in the guidelines and criteria At least one trainer nominated and ensured each nominated trainer reads and signs the declaration in the nominated trainer details section of the application form Attached certified copies of each nominated trainer's relevant work experience

Appendix 2 Additional nominated trainer

Business name	е						
ABN/ACN							
Trading name							
RTO number				Regist	ration expiry o	late	
Nominated tr	ainer details						
A nominated trainer is a person employed by, contracted to, partnered with or affiliated with the applicant training provider and who will deliver HSR training if approved by the Work Health and Safety Commission.							
	Nominated trainers are required to declare any work health and safety disciplinary proceedings in any State or Territory i.e. suspensions, cancellations and court related matters.						
The applicant t		er is require	d to provid	e details	of at least one	e nomina	ted trainer with
The applicant t							
The applicant t		er must atta	ch certifie	d copies	of each nomir	nated trai	ner's
The applicant training provider must attach details of each nominated trainer's previous work experience to demonstrate compliance with the trainer qualifications in the guidelines and criteria.							
Name							
Date of birth			Contact	number			
Postal address	;			<u>'</u>			
Town/suburb				State		Postcoo	le
Email address							
Nominated trainer declaration							
The information in this application and documentation submitted are true and correct to the best of my knowledge.							
I will comply with the ongoing obligations of approval as defined by the conditions of approval.							
I consent to the Work Health and Safety Commission making enquiries and exchanging information with work health and safety regulators in other States, Territories or the Commonwealth regarding any matter relevant to this application.							
Nominated trai	ner signature				Da	ate	

Authorised officers acceptance of approval condition				
Have each of your nominated trainers completed the nominated trainer declaration?				
Does each nominated trainer meet the requirements detailed in the guide?				
Have you attached certified copies of each nominated trainer's formal qualifications and details of their work experience?				
Have you sighted proof of identity?				
Authorised officers declaration				
As authorised officer(s) I/we declare:				
I have authority from the approved training provider to complete and submit this notification.				
The information in this notification and documentation submitted are true and correct to the best of my knowledge.				
I consent to the Work Health and Safety Commission making enquiries and exchanging information with work health and safety regulators in other States, Territories or the Commonwealth regarding any matter relevant to this application.				
Name of authorised officer				
Position				
Signature Date				
Checklist				
Application form completed and declaration signed				
Attached certified copies of each nominated trainer's formal qualifications				
Attached details of each nominated trainer's relevant work experience				
Authorised officer(s) completed the acceptance of approval conditions and declaration				
Make a copy of your full application (and all attachments) for your records				
Lodgement				
Complete applications must be lodged via email to WHSCommission@demirs.wa.gov.au				

Appendix 3 Application for renewal of term: approved provider

	y representative) training in Western Australia as an years. Within three months of the end of an authority s authority.
Training provider organisation details	S
Business name	
ABN/ACN	
Trading name	
RTO number	Registration expiry date
Training provider contact details	
Business address	
Town/suburb	State Postcode
Work number	Mobile number
Email address	
Website address	
Is your postal address the same as above	??
Yes	
No Please provide your postal add	dress below:
Postal address	
Town/suburb	State Postcode
Authorised officer details	
Name	
Position	
Work number	Mobile number
Email address	

		_
Training conducted		
Do you intend to deliver training in the next year?		
Have you conducted HSR training in the last two yea	ars?	
Yes		
No Please give reasons below to justify why should be renewed.	your approval to deliver HSR training	
Declaration		
If this application for renewal of approval to deliver	JSD training is approved for another three	0-
If this application for renewal of approval to deliver I year term, I agree to abide by the conditions of the Cand safety representative (HSR) training in Western A	Operating as an approved provider of health	
Authorised officer signature	Date	
Ladgement		
Lodgement		
Complete applications must be lodged via email to !	WHSCommission@demirs.wa.gov.au	

Appendix 4 Annual report template

1. N			
1. Name of approved p	rovider		
2. Name of accredited	course		
3. Target group(s)			
4. Period covered by th	is report: From	to	
5. How many HSRs we	re trained in the period cove	red by this report?	
6. Number of people tra		Female Male Non-bin	,
	F	Prefer not to disclose or not previously li	sted
7. Number of people tra	ained, by age group		
15-19	20-24	25-29	
30-34	35-39	40-44	
45-49	50-54	55-59	
60-64	65+		
8. How many HSRs we	re trained, from each of the	following industry sectors?	
Industry		Number	
Accommodation ar	Id food services		
Administrative and			
Agriculture, forestry			
Arts and recreations	al services		
Construction			
Education and train	ing		
Electricity, gas, wate	er and waste services		
Financial and insura	ance services		
Health care and so	cial assistance		
Information media	and telecommunications		
Manufacturing			
Mining – onshore			
NOPSEMA	thermal		

Industry	Number
Other services	
Professional, scientific and technical services	
Public administration and safety	
Rental, hiring and real estate services	
Retail trade	
Seafarers	
Transport, postal and warehousing	
Wholesale trade	
Not stated	
Total	

9. How many HSRs were trained, in each of the following occupational categories?

Occupation category	Number
Managers and Administrators	
Including School Principals, Directors, Mine Managers, Farm Managers, Managing Supervisors, Commissioned Police Officers, Chief Executives, Trade Union Secretaries	
Professionals	
Including Chemists, Teachers, Architects, Accountants, Engineers, Registered Nurses, Geologists, Metallurgists, Journalists, Actors, Librarians, Public, Relations Officers	
Para-Professionals	
Including Technicians, Police Officers, Ships Captains, Welfare Officers, Safety Inspectors, Prison Officers	
Tradespersons	
Including Fitters, Welders, Tilers, Hairdressers, Chefs, Tailors, Mechanics, Gardeners, Apprentices	
Clerks	
Including Typists, Secretaries, Messengers, Computer Operators, Bookkeepers, Telephonists, Teachers Aids, Law Clerks	
Salespersons and Personal Service Workers	
Including Travel Agents, Enrolled Nurses, Dental Nurses, Waiters, Insurance Brokers, Sales Representatives, Tellers, Cashiers, Beauty Therapists	
Plant and Machine Operators	
Including Bus Drivers, Forklift Drivers, Crane Operators, Press Operators, Processing Machine Operators, Treatment Plant Operators, Mining Equipment Operators	
Labourers and Related Workers	
Including Trades Assistants, Factory Hands, Cleaners, Farm Hands, Meat Packers, Process Workers, Scaffolders, Riggers, Security Officers, Fishing Workers, Deckhands, Labourers, Miners	
Not stated	
Total	

10. Of the HSRs trained, how many are from metropolitan or from non-metropolitan regions in the period covered in this report?

Regional area	Number
Metropolitan	
Non-metropolitan	
Not stated	
Total	

11. How many courses were conducted in the following regions in the period covered in this report?

Regional area	Number
Metropolitan	
Non-metropolitan	
Other	
Total	

Appendix 5 Participant data collection

1. N	lame
2. C	Occupation
3. P	lease tick the category, which best describes the industry of your employer.
	Accommodation and food services
	Administrative and support services
	Agriculture, forestry and fishing
	Arts and recreational services
	Construction
	Education and training
	Electricity, gas, water and waste services
	Financial and insurance services
	Health care and social assistance
	Information media and telecommunications
	Manufacturing
	Mining – Onshore
	Petroleum and geotherrmal
	Professional, scientific and technical services
	Public administration and safety
	Other services
	Rental, hiring and real estate services
	Retail trade
	Transport, postal and warehousing
	Wholesale trade
	NOPSEMA
	Seafarers

4. Please tick the occupational category in which you work.
Managers and Administrators
Including School Principals, Directors, Mine Managers, Farm, Managers, Managing Supervisors, Commissioned Police Officers, Chief Executives, Trade Union Secretaries
Professionals
Including Chemists, Teachers, Architects, Accountants, Engineers, Geologists, Metallurgists, Journalists, Actors, Librarians, Public Relations Officers, Registered Nurses
Para-Professionals
Including Technicians, Police Officers, Ships Captains, Welfare Officers, Safety Inspectors, Prison Officers
Tradespersons
Including Fitters, Welders, Tilers, Hairdressers, Chefs, Tailors, Mechanics, Gardeners, Apprentices
Clerks
Including Typist, Secretaries, Messengers, Computer Operators, Bookkeepers, Telephonists, Teachers Aids, Law Clerks
Salespersons and Personal Service Workers
Including Travel Agents, Enrolled Nurses, Dental Nurses, Waiters, Insurance Brokers, Sales Representatives, Tellers, Cashiers, Beauty Therapists
Plant and Machine Operators
Including Bus Drivers, Forklift Drivers, Crane Operators, Press Operators, Processing Machine Operators, Treatment Plant Operators, Mining Equipment Operators
Labourers and Related Workers
Including Trades Assistants, Factory Hands and Cleaners, Farm Hands, Meat Packers, Process Workers, Scaffolders, Riggers, Security Officers, Fishing Workers, Deckhands, Labourers, Miners
Other / not stated
5. Where do you usually work (in your current job)? Metropolitan Non-metropolitan
6. Please tick your age group
15-19 20-24 25-29 30-34 35-39
40-44 45-49 50-54 55-59 60-64
65+
7. Your gender
Female Male Non-binary
Prefer not to disclose



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NRS: 13 36 77

Email: WHSCommission@demirs.wa.gov.au

Website: www.demirs.wa.gov.au