

# Appendix 1 Application to become an approved provider

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

Type of application:	<input type="checkbox"/> New	<input type="checkbox"/> Renewal
<b>Training provider organisation detail</b>		
Business name	<input type="text"/>	
ABN/ACN	<input type="text"/>	
Trading name	<input type="text"/>	
RTO number	<input type="text"/>	Registration expiry date <input type="text"/>
<b>Training provider organisation detail</b>		
Business address	<input type="text"/>	
Town/suburb	<input type="text"/>	State <input type="text"/> Postcode <input type="text"/>
Is your postal address the same as above? If not complete below. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Postal address	<input type="text"/>	
Town/suburb	<input type="text"/>	State <input type="text"/> Postcode <input type="text"/>
Work number	<input type="text"/>	Mobile number <input type="text"/>
Email address	<input type="text"/>	
Website address	<input type="text"/>	
<b>Authorised officer details</b>		
Name	<input type="text"/>	
Position	<input type="text"/>	
Work number	<input type="text"/>	Mobile number <input type="text"/>
Email address	<input type="text"/>	

### Authorised officer's acceptance of approval condition

- Has your course been designed with consideration to the agreed approach to training outlined in this guide?
- Do you agree to comply with the General requirements of HSR training delivery as outlined in the *Guide: Operating as a provider of health and safety representative (HSR) training in Western Australia* when delivering this training course?
- Do you consent to your training provider name and office contact details being listed on the approved training provider public register on the WorkSafe website as a provider of HSR refresher training?
- 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 of your HSR refresher training course?

### Authorised officer's 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 a copy of your proposed HSR refresher training course outline (1-2 pages)
- Make a copy of your full application (and all attachments) for your records

### Lodgement

Complete notifications must be lodged via email to [WHSCommission@dmirs.wa.gov.au](mailto:WHSCommission@dmirs.wa.gov.au)