

Form 106

Queensland health and safety representative (HSR) training provider application

V19.07.2019

Please refer to the **conditions of agreement as an authorised Queensland health and safety representative (HSR) training provider** when completing this form. For further information contact Workplace Health and Safety Queensland on 1300 362 128.

Background

The requirement of a health and safety representative (HSR) to undertake a course of training is outlined in the *Work Health and Safety Act 2011* (WHS Act). The WHS Act states that HSR training must be provided through a course of training that is approved by Workplace Health and Safety Queensland (WHSQ).

The terms and conditions that the regulator for work health and safety in Queensland agrees to authorise and provide HSR training and assessment in Queensland is set out in the **conditions of agreement as an authorised health and safety representative (HSR) training provider** (the Conditions).

RTO details

Name of RTO	
Name of contact person	
Second name (if applicable)	
Organisational role of contact person	
ABN	RTO number

Physical address

Unit number	Street number	Street name
Suburb/locality	State	Postcode
Telephone (including area code)	Email	

Postal address Tick this box if the postal address is the same as the address above.

PO Box GPO Box Private locked bag number		
Suburb/locality	State	Postcode

To facilitate availability of statewide training; up to five RTOs may join together to enter into agreement with WHSQ for HSR training delivery.

Provide details of a maximum of four other RTOs that you have entered into a formal agreement with to provide the HSR training.

Name of RTO	
Name of contact person	
Second name (if applicable)	
Organisational role of contact person	
ABN	RTO number

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Second name (if applicable)	
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The following documentation must be submitted with your application:	
The RTO's ability to provide a minimum of three HSR training sessions per year in remote or regional locations. This may include: <ul style="list-style-type: none"> • details of training that your RTO is currently providing in regional or remote locations • a detailed business plan that supports regional and remote delivery of HSR training • other evidence to support this requirement. 	<input type="checkbox"/>
Approved HSR training trainer application for each trainer/assessor you intend to use. Queensland health and safety representative (HSR) training trainer application.	<input type="checkbox"/>
Public liability insurance in the form of a current certificate of currency.	<input type="checkbox"/>
Signed copy of the conditions of agreement as an authorised health and safety representative (HSR) training provider.	<input type="checkbox"/>

Training location address

Address/suburb	Postcode

2. Declaration by applicant

I declare that:

The information supplied in this application is true and correct to the best of my knowledge.

None of the information supplied by me in this application or in any other documents attached or submitted in support of this application are false or misleading.

In making this application I have not failed to provide any information relating to the matters addressed above.

I acknowledge that it is an offence under the WHS Act to provide false and misleading information in this application or in any documents submitted in support of this application.

Provider representative signature		Date
First name	Surname	

3. Returning the form

Scan and email:	WHStraining@oir.qld.gov.au
Post:	Licensing and Advisory Services Workplace Health and Safety Queensland PO Box 820 Lutwyche Qld 4030
Phone:	1300 362 128

Privacy statement

The Queensland Government is collecting your personal information in order to process your application in accordance with the *Work Health and Safety Act 2011*. It is the usual practice to disclose this information to the applicable Commonwealth, state or territory health and safety regulator/s in order to obtain information relevant to making a decision on your application.