

Form 104 - Application to become an authorised registered training organisation (RTO) of Work Health and Safety Officer (WHSO) training

Work Health and Safety Act 2011

To help you in completing this form, please refer to the *Conditions of agreement as an authorised RTO of Work Health and Safety Officer (WHSO) training*. If you require further information please call 1300 362 128.

Background

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

The terms and conditions on which the Regulator for work health and safety in Queensland agrees to grant authority to the registered training organisation (RTO) to provide WHSO training and assessment in Queensland is set out in the *Conditions of agreement as an authorised RTO of Work Health and Safety Officer (WHSO) course* (the Conditions).

An RTO is required to be authorised by WHSQ to deliver WHSO training, and, an approved trainer is required to deliver the training. For more information on approved trainers, please refer to the Conditions and the *Application to become an approved trainer to deliver WHSO course*.

1. RTO details

Name of RTO

ABN

RTO number

Name of contact person

First name

Surname

Organisational role

Physical address

 State Postcode

Unit number, Street number, Street name, Suburb/locality

Telephone

Email (mandatory)

Postal address

Please tick this box if the postal address is the same as the address above.

 State Postcode

PO Box | GPO Box | Private Bag Locked bag number, Suburb/locality

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 to or submitted in support of this application is false or misleading.

First name

RTO representative signature

Surname

Date of signature

D D
M M
Y Y Y Y

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 to become an approved trainer to deliver Work Health and Safety Officer (WHSO) course in accordance with the *Work Health and Safety Act 2011*. It is the department's 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.