

CONSTRUCTION HEALTH AND SAFETY OFFICER

Infrastructure Health & Safety Association
 21 Voyager Court South, Etobicoke, ON M9W 5M7
 Tel: 416-674-2726 Toll Free: 1-800-781-2726 Fax: 416-674-8866
 Email: info@ihsa.ca

YOU MUST COMPLETE ALL REQUIRED COURSES BEFORE SUBMITTING THIS APPLICATION FORM. PLEASE INCLUDE COPIES OF PROOF OF TRAINING AND THE APPLICATION FEE WHEN SUBMITTING THIS FORM TO IHSA. MEMBERS: \$50.00 + HST NON-MEMBERS: \$150.00 + HST

Applicant Name _____ Participant Training Number _____
 Date _____ Address _____
 City _____ Province _____ Postal code _____
 Phone _____ Fax _____ Email _____

TRADE/OCCUPATION

Please check all that apply to you Owner Consultant Worker Union Non-union
 Manager Supervisor Apprentice Other

Company Name _____ Local _____
 Address _____
 City _____ Province _____ Postal code _____
 Phone _____ Fax _____ Email _____
 IHSA Member Non-Member

REQUIRED TRAINING PROGRAMS

1) WHMIS _____
 2) Working at Heights _____
 3) Construction Health and Safety Representative _____
 4) Sector-Specific Training _____

REQUIRED TRAINING PROGRAMS

5) Simulated Hazard Analysis _____
 6) Basics of Supervising _____
 7) Basic Auditing Principles _____
 8) First Aid/CPR _____

REQUIRED EXPERIENCE


Please read and sign the following declaration confirming that you have the minimum experience requirements.

I, _____, declare that I have at least five years of practical health and safety experience.

Applicant Signature _____ Date _____

PAYMENT INFORMATION (MAY REQUIRE SECURITY CODE)

Cheque enclosed
 Please charge my credit card

Method of payment:  Visa  MasterCard  American Express

Credit card # _____ Expiry date _____

Cardholder name _____ Signature _____

HST # 85609 8066 RT0001

APPLICANT CONSENT

I hereby agree to allow IHSA to collect, store, and use my name, address and purchase information in accordance with IHSA's Privacy Policy. I understand that if the personal information compiled by IHSA is incorrect, IHSA will correct the information upon my request and provide me with confirmation. I further understand that if I am not satisfied with the manner in which IHSA handles my personal information, I may contact the Privacy Commissioner for the Province of Ontario.

Applicant Signature _____ Date _____