



Total Height Safety

QLD - PO Box 347 Nerang QLD 4211



NSW – PO Box 230 Milsons Point NSW 1565

What course are you enrolling to attend: _____ TRN: _____

Section 1: Participant's Details

Given name: _____ Family name: _____

Postal address: _____

Suburb: _____ State: _____ Postcode: _____

Date of birth: _____ Driver's Licence No. _____

Email: _____ Gender Male Female

Telephone H: _____ F: _____ M: _____

Employer: _____ Contact Name: _____

Section 2: Participant's Background

Have you had prior training in this or similar topics YES NO

If yes give details: _____

Have you had prior job experience in this area YES NO

If yes give details: _____

Do you have a current first aid certificate YES NO

If yes please provide a copy with this application & write Certificate No. here: _____

Do you have a photo identification card Eg: Drivers Licence YES NO

If yes please provide a copy with this application.

Section 3: Participant's Medical Condition

Do you suffer from any of the following conditions listed below?

Please note that these details are kept confidential and are required for your safety.

Bronchitis YES NO Emphysema YES NO

Asthma / Hay fever YES NO High blood pressure YES NO

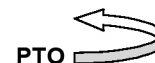
Coronary heart disease YES NO Epilepsy YES NO

Diabetes YES NO Back pain and/or injury YES NO

Are you taking any medication YES NO Eye and /or Ear problems YES NO

If you answered yes to any of the above please provide further details: _____

NOTE: IT IS RECOMMENDED THAT ALL PERSONS BE MEDICALLY FIT TO PERFORM THE WORK THEY ARE LIKELY TO UNDERTAKE AND A SUITABLE MEDICAL EXAMINATION MAY BE REQUIRED TO CONFIRM THIS. PLEASE NOTIFY THE TRAINER IF IN DOUBT.





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Participant's Name: _____ TRN: _____

Section 4: General Requirements of the Participant

1. I have received details about the course and I consider that I have sufficient education, training and experience to ensure that I understand the principles and procedures covered in this course.
2. I am free of medical conditions, which are contra-indications for this type of work and training that I am about to undertake.
3. I am physically able to perform the tasks expected of me, in terms of strength, agility and co-ordination. I will be able to withstand the stresses of participating in work and training in environments i.e. heat, cold, wind, height and exposure.
4. I understand that the activities that I am being trained in are inherently dangerous. I am participating in this course in full knowledge of these dangers and do so of my own free will. I will not in any way hold Total Height Safety Pty Ltd, or their agents, liable in the event of injury or death as a result of my own actions.

Section 5: Recognition of prior learning or current competency

If you are eligible for recognition of prior learning (RPL) or recognition of current competencies (RCC) for any competencies covered in this course please list the competencies below and provide documented evidence with this application. Mark it to the attention of the TSQ Manager. Contact our office prior to the course commencement date to confirm your application for RPL / RCC process.

Competency	Evidence

Section 6: Participant Information

A copy of the Participant's Handbook is available at http://www.ths.com.au/POL_Participa_Handbk.pdf. If you do not have access to the internet contact our office and a copy will be sent to you. It is your responsibility to read this document prior to commencing any course with THST. The Participant Handbook includes important information that will assist you in being prepared for the course and your rights and responsibilities as a participant. Included in the participants handbook is information on the following topics:

- Recognition of competency information
- Fees and Refund policy
- Grievance procedures
- Assessment and Appeal procedures
- Course structure, flexible delivery and learning modes
- Client support

I have read and understand the contents of the Participant's Handbook YES NO

Section 7: Learning Assistance

Do you have any literacy difficulties (reading and / or writing) YES NO

Do you have any sensory difficulties (hearing and / or vision) YES NO

Section 8: Access and use of images

I hereby give THS permission to use any photograph or image of myself taken as part of this training course. I do so in the understanding that it is free of any remuneration. The images may be used as proof of your identity or for any marketing, advertising, or training purpose.

I approve the use of my image for the above purposes. YES NO

Section 9: Participant Application Certification

I certify that the contents of this application are true and correct and that I fully understand the requirements set out above. I allow my records to be reviewed by THS and used in the maintenance of its management systems.

Participant's Signature: _____ Date: _____

*Please note: Unsigned applications will not be accepted.
Faxed copies require an authentic signature on the day of the course*