



**Occupational Safety and Health Department Registration Form
January – March 2017**

Please full out form completely and specify which training course(s):

- | | | |
|---|--|--|
| 1. Duties/Responsibilities/
Penalties under OSH
Act | 2. Management of
Personal Protective
Equipment | 3. Influencing and
Improving Safety
Behavior and Actions |
| | | 4. Basic First Aid |

Employee #1

Course Title:		
Name:		Job Title:
Division:	Phone:	Email:
Department:	Supervisor's Name:	Supervisor's Phone:
Meal Preference (Please Tick): Meat Fish Vegetarian <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Supervisor's Signature:	

Employee #2

Course Title:		
Name:		Job Title:
Division:	Phone:	Email:
Department:	Supervisor's Name:	Supervisor's Phone:
Meal Preference (Please Tick): Meat Fish Vegetarian <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Supervisor's Signature:	

Employee #3

Course Title:		
Name:		Job Title:
Division:	Phone:	Email:
Department:	Supervisor's Name:	Supervisor's Phone:
Meal Preference (Please Tick): Meat Fish Vegetarian <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Supervisor's Signature:	

- Please contact the OSH Department for further information at Tel: 639-3421 Ext. 5098/6020/6018
- This registration form must be completed, signed, submitted and returned to the OSH Department on the deadline date specified on the training calendar. Completed forms can be emailed to osh@tha.gov.tt
- Select the training class requested and complete all boxes on the form. You will receive an enrollment confirmation by email/phone call after we receive the completed request form.