



Section 1: Participant Application Information

TRN

Given Name

Family Name

Postal Address

Suburb

State

Postcode

Date of Birth

DD

MM

YY

Driver's Licence No.

Email

Male

Female

Telephone

Fax

Mob

Employer

Contact Name

What course are you enrolling in to attend

Section 2: Participant's Background

Have you had previous training in this or similar fields

Yes

No

If yes give details:

Have you had previous work experience in this or similar fields

Yes

No

If yes give details:

If you have a current first aid certificate please complete the following information & provide a copy with this application

Training Provider

Cert No.

Do you have any form of photo identification e.g. Drivers Licence/ Passport

If yes please provide a copy with this application

Yes

No

Section 3: 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 such as 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.

Participant's Name

TRN

Section 4: Participant's Medical Condition

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. Please note that these details are kept confidential and are required for your safety. Do you suffer from any of the following conditions listed below?

Bronchitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Emphysema	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asthma / Hay fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>	High blood pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Coronary heart disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Back pain and/or injury	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mental Disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Eye and /or Ear problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you taking any medication or suffer from any allergies?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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

Section 5: 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 THS. The Participant's 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 Participant's 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 6: 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

Do you have any difficulties communicating in English? Yes No

Section 7: 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, for any marketing, advertising, or training purpose. The images will generally be used as proof of your identity. I do so in the understanding that it is free of any remuneration.

I approve the use of my image for the above purposes. Yes No

Section 8: 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.