

# OCCUPATIONAL HEALTH AND SAFETY

## Free Training for SMEs and Self-Employed

### Participant Details

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Company/Organisation: \_\_\_\_\_

### Organisation Details

How many people do you employ (excluding yourself)?

- Just Myself
- 1-9 employees
- 10-49 employees
- 50-249 employees
- 250+ employees

### What is your line of business?

- Couriers & Delivery Services
- Construction
- Manufacturing
- Retail & Hospitality
- Office-based
- Beauty, Care & Wellness
- General Hazards

### Course Preferences

Preferred Timeframe / Schedule

- Morning
- Afternoon (online)
- Saturdays (online)

Preferred Course Delivery Method

- Physical (in-person)
- Online

## Preferred Method of Communication

 Email

Phone

### **Additional Information:**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_