

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: ____ / ____ / ____



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