

OCCUPATIONAL HEALTH AND SAFETY

Free Training for Accredited Workplace

Mental Health First Aid

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
 Health and Social Care Other _____

Course Preferences

Preferred Timeframe/Schedule

- Morning Afternoon

Preferred Method of Communication

Email

Phone

Course Participation Details

Total number of participants from organisation interested in attending course: _____

Additional Information:

Signature: _____

Date: ____ / ____ / ____



17, Triq Edgar Ferro, Pietà, PTA 1533,
Malta



www.ohsa.mt



RICHMOND