

# OCCUPATIONAL HEALTH AND SAFETY

## Free Training for Prevention of Psychosocial Risks

### 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 Delivery Method

- Physical (In-Person)  
 Hybrid



**Preferred Method of Communication**

Email

Phone

**Course Participation Details**

Total number of participants from organisation interested in attending course: \_\_\_\_\_

**Additional Information:**

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

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



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RICHMOND