

Occupational Health & Safety Certification Training

Winter / Spring 2010 (WHSCC Certified Provider)

(Please disregard if you have met the training requirements under sections 38.1, 41, or 42.1 of the OH&S Act)

Worker Health & Safety Designate/Representative (1 ½-day) Training:

- Companies with **5 or less employees** can appoint a health and safety designate who can be management or the owner/operator of the workplace, where a worker representative is impracticable
- Companies with **6 to 9 employees** must train an employee **not** connected with management of the workplace and elected by his/her co-workers

OH&S Committee Training

- Companies with **10 to 49 employees** are required to have the two co-chairs of their committee trained - one management, and one employee
- Companies with **50 or more employees** are required to have the entire committee trained. At least half must of the committee must be employees and elected by the workers.

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|--|-------------|---|---------------------------------------|------------|
| <input type="checkbox"/> St. John's | Dec. 9 - 10 | *Please select location & date | <input type="checkbox"/> St. John's | May 12-13 |
| <input type="checkbox"/> St. John's | Jan 20-21 | | <input type="checkbox"/> Corner Brook | May 19-20 |
| <input type="checkbox"/> St. John's | Feb 16-17 | | <input type="checkbox"/> St. John's | May 26-27 |
| <input type="checkbox"/> St. John's | March 3-4 | | <input type="checkbox"/> HV-Goose Bay | May 26-27 |
| <input type="checkbox"/> St. John's | March 10-11 | | <input type="checkbox"/> St. John's | June 9-10 |
| <input type="checkbox"/> Gr. Falls-Windsor | April 7 - 8 | | <input type="checkbox"/> St. John's | June 16-17 |
| <input type="checkbox"/> St. John's | April 14-15 | | | |

Company Name:		Authorized Contact /Title:			
Address:					
City or Town:		Province:		Postal Code:	
Phone Number:		Fax Number:		E-mail Address:	
Training Session: NLEC MEMBERS			Training session: NON MEMBERS		
<input type="checkbox"/> Worker Health & Safety Rep (day and ½): Number of seats _____ @ \$125.00			<input type="checkbox"/> Worker Health & Safety Rep (day and ½): Number of seats _____ @ \$150.00		
<input type="checkbox"/> OHS Committee: Number of seats _____ @ \$175.00			<input type="checkbox"/> OHS Committee: Number of seats _____ @ \$200.00		
Total # of seats _____ Subtotal: _____ + HST _____ Total: _____					
Payment Information:					
<input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Visa/MC/Amex _____ Expiry: _____					
Name of Cardholder: _____ Please invoice _____					
Payment required two weeks prior to date of training to confirm seat.					
Refunds /Cancellations will only be given if cancellation is received within <u>10</u> working days prior to training date. A substitute will be accepted. A minimum administration fee of \$25.00 is applicable if a change in session date/cancellation is necessary. Credit will be honored for 6 months from date of registration.					
Participant Name			Participant Name		

NEWFOUNDLAND & LABRADOR EMPLOYERS' COUNCIL

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