



BSB41419 Certificate IV in Work Health Safety

Expression of Interest

Please note that you do not need to apply via LMS for this program, completion of this expression of interest form is all that is required. However if there is high demand for this program an interview will be conducted to select suitable candidates.

Part A: Applicant's Personal Details

Surname:			
Given names:			
Position title:			
Department:		Facility:	
E-mail address:			
Telephone no:		Employee no:	

WHS Experience

This section forms the basis of selection of applications. Please provide concise responses to the following items. If additional space is required, up to two additional pages may be added to this application.

Please describe your previous WHS experience:

What outcomes do you hope to achieve by completing this program? (E.g. particular skills, knowledge etc.)

Applicant Declaration

I have read the Certificate IV in WHS flyer and have discussed this with my line manager.
I can make the commitment required to complete all the program requirements.

Applicant's Signature: _____ Date: _____

Face-to-Face Training Days at CEWD Rozelle:

4 August 2022 8:30am - 12:30pm Course Orientation

Workplace Visit by the Course Coordinator:

One 1.5 hour workplace visit will be organised during course

Additional Time Required:

Additional time will be required to complete the WHS project for the workplace, this will be negotiated between the participant and management – please discuss this prior to lodging your expression of interest.

WHS Project Commitment:

As part of the Certificate IV in WHS participants will be required to undertake a WHS project within their department. Please start thinking about a project that can be undertaken within your department and is manageable within your role. At the commencement of the course participants will have an opportunity to discuss their project ideas with their local WHS Manager who will provide support during the project.

Part B: Completed by Applicant's Line Manager

As the manager of the applicant, I fully support his/her participation in this program and the requirements of the program. I understand this program will require me to:

- Release the applicant to attend the workshops.
- Provide ongoing support to the applicant for the duration of the program.
- Provide support to the applicant while they undertake a WHS project.

Manager Surname:	
Given Names:	
Position Title:	
Department:	
Facility:	
Telephone no:	
E-Mail Address:	
Manager's Signature: _____ Date: _____	

Please Return This Form to:**Adolfo Beltran Hernandez**

Address: Centre for Education & Workforce Development,
 Rozelle Campus, Building 301 Balmain Road (Opposite Cecily St) Lilyfield Nsw
 2039.

Phone: (02) 9562 5952**Email:** adolfo.beltranhernandez@health.nsw.gov.au**APPLICATIONS CLOSE 15 July 2022**