

training

**GERALDTON**  
**MONDAY**  
**22<sup>nd</sup> JUNE 2015**

# Work Safely at Heights

## RIIWHHS204D

(Registered Training Organisation WBHO Civil Pty Ltd 52336 will be the RTO issuing this qualification)



Receive your qualification for RIIOHS204A on successful completion of the course. This Nationally Accredited course will cover; identifying the work requirements, work procedures and instructions for the task; accessing and installing equipment; performing work at heights; and cleaning up the work area.

The unit specifies the competency required to undertake safe working practise when working at heights. This unit is appropriate for those working on construction sites.

**TIME:** 8.00am – 4.30pm  
**DATE:** Monday, 22<sup>nd</sup> June 2015  
**VENUE:** WBHO – 475 Edward Rd, Narngulu  
**TRAINER:** WBHO Civil Pty Ltd

**COST:** **FROM \$139\*^**

\*Subject to Master Builders Membership and Construction Training Fund eligibility

^Full course cost for Non members and NOT eligible for Construction Training Fund subsidy \$445



"The Construction Training Fund provides funding support for training of eligible workers in the construction industry. We acknowledge the support of the Construction Training Fund in reducing the costs of training for eligible workers."

\*Prices subject to change. ^ Construction Training Fund (CTF) subsidy available for eligible course participants.

**To book your place on this training course, please complete the accompanying registration form.**

If you require further assistance please contact Megan Parker, Training Coordinator  
on 9921 5061 or email [megan@mbawa.com](mailto:megan@mbawa.com)



**REGISTRATION FORM  
WORK SAFELY AT HEIGHTS (RIIWH204D)  
GERALDTON**

**Please Note:** This course is subsidised by the Construction Training Fund (CTF). The CTF requires that each participants personal contact details be provided (otherwise the full fee applies).

<b>Course Date:</b>	<b>Monday, 22<sup>nd</sup> June 2015</b>	<b>Time:</b>	<b>8am – 4.30pm</b>
<b>Full Name of Participant:</b>			
<b>Date of Birth of Participant:</b>			
<b>Residential Address of Participant:</b>			
<b>Suburb:</b>		<b>Postcode:</b>	
<b>Phone contacts:</b>			
<b>Email address:</b>			
<b>Unique Student Identifier (USI):</b>			
<b>Participant Job Title:</b>			
<b>Job Description (brief detail):</b>			
<b>Company/Employer:</b>			
<b>Address:</b>			<b>Postcode:</b>
<b>Contact person:</b>			
<b>Phone:</b>	<b>Fax:</b>	<b>Mobile:</b>	
<b>Email:</b>			
<b>Please tick the industry sector in which you work</b>		Commercial <input type="checkbox"/>	Housing <input type="checkbox"/>
		Engineering <input type="checkbox"/>	
<b>Payment and Registration Details</b>			
<b>Registration</b>	To guarantee your place on the course please return form, with fees, to: <b>FAXBACK:</b> 9965 5025 <b>Email:</b> <a href="mailto:megan@mbawa.com">megan@mbawa.com</a>		
<b>Eligible for CTF</b>	MBA member \$139.00 p.p.	non-member \$189.00 p.p.	
<b>Not eligible for CTF</b>	MBA member \$395.00 p.p.	non-member \$445.00 p.p.	
Course costs are subject to change.			
<b>Method of Payment</b>	Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Credit Card <input type="checkbox"/>
	EFT <input type="checkbox"/>	<b>Amount: \$</b>	
<b>Credit Card Details:</b>	Bankcard <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/>
Card number: _____ / _____ / _____ / _____	Expiry Date: __ / __		
Cardholders Name	Signature		
EFT Direct Credit Details: BSB: <b>306 051</b> Account: <b>0398729</b> Reference: <b>“Company name – Heights”</b>			
<b>Cancellation</b>	Please note: Fees <b>must</b> accompany registration form. A refund will only be provided if at least 48 working hours notice of cancellation is given. You may, however, substitute another person.		

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