





## Work Safely at Heights RIIWHS204D

(The Registered Training Organisation, Industrial Foundation for Accident Prevention (IFAP) 1907 will be the RTO issuing Statement of Attainment for this unit of competency).

This 1 day course aims to provide participants with the skills and knowledge to Work Safely at Heights. It includes identifying the work requirements; work procedures and instructions for the task; accessing and installing equipment; performing work at heights and cleaning up with work area. There is no pre-requisite for this course, however it is recommended that you do not have a fear of heights.

On completion of this course you will be able to: -

- Identify work and OHS requirements associated with working safely at heights;
- > Identify, manage and report potential risks and hazards associated with working at heights;
- Select and check safety equipment;
- > Inspection and/or install fall protection and perimeter protection equipment;
- Ensure correct fitting, adjustment and anchor placement for fall protection equipment;
- Establish safe access to work area, correct manual handling procedures and placement of tools and materials at heights;
- > Safety dismantle, inspection and store work at height safety system; and
- Use basic rescue equipment.

Upon successful completion of the assessment requirements you will be issued with a Statement of Attainment for RIIWHS204D Work safely at heights and a Notice of Assessment (interim licence).



Course date: Wednesday 30 November, 2016

Course duration: 7.30am - 4.00pm

**Training provider:** Industrial Foundation for Accident Prevention (IFAP)

Course venue: Industrial Foundation for Accident Prevention (IFAP), 128 Farrington Rd, NORTH LAKE

**Cost includes:** A light lunch, morning and afternoon teas.

You must advise, prior to course date, if you have any special dietary requirements.

	Course Fee	Total	
MBA Member eligible for CTF subsidy	\$355.50 - \$240.00^	\$115.50*	
Non-member eligible for CTF subsidy	\$395.00 - \$240.00^	\$155.00*	
MBA Member	\$355.50	\$355.50*	
Non-member	\$395.00	\$395.00*	

If you require further assistance please call Master Builders on 9441 8000 or email training@mbawa.com



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 costs of training for eligible workers.







## WORK SAFELY AT HEIGHTS - RIIWHS204D 7.30am - 4.00pm

<u>Please Note</u>: This course is subsidised by the Construction Training Fund (CTF) for eligible participants.

Master Builders requires participants details to be provided as indicated below, otherwise the full fee may apply.

Course date:	Wednesday 30 November, 2016					
PARTICIPANT DETAILS						
Surname:			First Name:			
Date of birth:			Gender: (please circle): Male / Female			
Mobile:			Email:			
Home address:			Suburb:			
Post code:	Uniqu	ue Student Identifie	er (USI): (required):	:		
Job/Trade title:	•					
Job description (brief de	tail):					
Is English your first language?: (please circle) Yes / No If NO, what language do you speak?						
EMPLOYER/COMPANY	DETAILS:					
Master Builders membe	er name:					·
Employer/Company name:		Builders Reg.number:				
Address:						
Suburb:					Postcode:	
Contact Name:			Email:			
Phone:		Fax:	Mobile:			
Please tick the industry sector in which you work Comme			Commercial	☐ Housing ☐ Engineering ☐		
PAYMENT DETAILS  Payment must be received prior to the course date to secure your place & receive your confirmation  EMAIL: training@mbawa.com  FAX: 9476 9881  POST: Master Builders Association, P.O. Box 167, West Perth WA 6981						
Course Costs Master Builder member Non-member  Eligible for CTF subsidy \$115.50 per person \$155.00 per person  Not eligible for CTF subsidy \$355.50 per person \$395.00 per person  Please note that course costs are subject to change. The course component is GST free.  The course includes meal and refreshments at \$25 per day, plus GST.						
Method of Payment	Cash □ Cl	neque   Credi	t Card □ EF	T 🗆 Am	ount: \$	
Credit Card Details: (please tick)  Bankcard  MasterCard  Visa  Visa						
Card number: / / / Expiry Date: /						
Cardholders Name:			Signature:			
Cancellation Notice					tions less than 5 working day 8 hours prior to the course.	/S