



Government of South Australia

SafeWork SA

HEALTH AND SAFETY REPRESENTATIVE NOTIFICATION OF ELECTION

The information contained in this form is required in accordance with the Occupational Health, Safety and Welfare (OHSW) Act 1986, Section 28(12) and Regulation 6.1.8. This information will be treated in the strictest confidence and is only provided to SafeWork SA for the purposes of communication with you if they visit your workplace. It will be provided to your employer, when requested, to assist them to keep accurate records. SafeWork SA will use the information to assist in the development of policies and programs for HSRs in South Australia.

Is this your:

First election

Re-election

WORKER'S DETAILS

Title Given names Surname
(Mr/Ms/Mrs/Miss/Dr)

Preferred name Your occupation/Job title

Male Female What is your preferred language? English Italian Greek Polish
(Language spoken/read in the workplace) Khmer Chinese Spanish Russian

Country of birth

Email address Other language (please specify)

Mobile no

Home phone no Postal address

Date you were elected/re-elected as an HSR / / Postcode

Are you a deputy health and safety representative? Yes No

This question is optional (i.e. you do not have to answer). If you do answer, the information will help SafeWork SA to continue to improve services to Aboriginal and Torres Strait Islander people.

Please tick this box if you are of Aboriginal/Torres Strait Islander descent

EMPLOYMENT DETAILS

Name of employer/company

Worksite/Location Name & address
 Postcode

Work phone no ()

Date started employment with current employer (month) (year)

WORK GROUP INFORMATION

Do you have a deputy health and safety representative? Yes No

If yes, the name of the deputy representative

Name of the group of employees that you represent

Number of male employees in your work group Number of female employees in your work group

Are there employees in your workgroup who use a language(s) at work/as part of work other than English? Yes No

If the answer is yes, approximately how many employees speak the following language(s)?

Italian Greek Polish Khmer Chinese Spanish Russian

Other (please specify)

UNION/REGISTERED ASSOCIATION MEMBERSHIP

Completing this section is a requirement under Division 6.1.8 (1) (f) of the OHSW regulations. However, SafeWork SA will not release your personal details, but will use general information to engage unions in supporting HSRs in South Australia.

Are you a member of a Union or Registered Association?* Yes No

*As defined by the OHSW Act 1986

Do you hold an official position in your Union/Registered Association such as Job Representative Delegate
Name of Union or Registered Association Shop Steward Other
 Union Official P.T.O. →

HEALTH AND SAFETY REPRESENTATIVE TRAINING

Have you been to training for health and safety representatives approved under the *OHSW Act 1986* [Section 31A]?

No Yes (if yes please complete the following table.)

Name/Type of course	Name of training organisation	Date completed
e.g. Level 1, Level 2, Continuing	e.g. SA Unions, Business SA, Transport Training Centre, Port Adelaide Training & Development Centre, AWU Education & Training Centre etc.	e.g. 11.6.94

Have you undertaken any other occupational health and safety related training (e.g. TAFE, university, in-house, fire safety, first aid etc)?

No Yes (if yes please complete the following table.)

Name/Type of course	Educational institution/training organisation	Date completed
e.g. in-house training, Certificate, Graduate Diploma, First aid training	e.g. TAFE, ABC123 Pty Ltd, Australian Red Cross Society	e.g. 24.9.95

Signature _____

Date / /

If you need any help filling out this form, please call the Help Centre Information Officer on **1300 365 255**.

When you have completed this form, please return it to:
OHS Information Officer, GPO Box 465, ADELAIDE SA 5001
 or hand deliver the form to:
Ground Floor, 100 Waymouth Street, ADELAIDE SA 5000.