



Health & Safety Professionals Inc.

FROM PREVENTION TO RETURN TO WORK

536B Fourth Line East, Sault Ste. Marie, ON P6A 6J8

Tel 705.254.3752 Toll Free 877.254.3752 Fax 705.254.7365 E-mail: info@hspinc.ca www.hspinc.ca

BCT PART 1 REGISTRATION

- Purpose** The purpose of JHSC training is to strengthen the common, consistent foundational training for certified JHSC members.
- Format** Three-Day (19.5 hours) Interactive Classroom Delivery.
- Content** Topics include OHS law; right, duties, and responsibilities; hazard recognition, assessment and control; and evaluation of hazard controls.
- Evaluation** The evaluation process includes worksheets, classroom questions and answers, small group work, and a final written, multiple choice evaluation.
- Feedback** We welcome participant feedback at any time. Please speak with the facilitator during breaks, or send an email to info@hspinc.ca, or call 705-254-3752.
- Cost** \$495^{+HST} per person or \$480^{+HST} per person (group rate for 4 or more)
- Facility** Our training facility is located at 536 Fourth Line East, Sault Ste. Marie, Ontario (Kresin Engineering Building).
- Cancellation Policy** Substitutions (in writing) are welcome anytime, but please notify us as soon as possible. *Early Cancellations* (more than five days prior to the course date): Refund of the registration fee paid, less a \$50 processing charge. *Late Cancellations* (less than five days prior to the course date): Refunds cannot be issued for late cancellations. *Course Cancelled*: If, for any reason, HSPI cancels a course, your entire registration fee will be refunded.
- Your Needs** If you have language, literacy, or accommodation needs, please list them below, or call the office at 705-254-3752.

Please bring your government-issued identification to the course (e.g. driver's licence, health card).



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BCT PART 1 REGISTRATION

PLEASE PRINT AND COMPLETE ALL AREAS

EMPLOYER INFORMATION

Company Name _____

Company Address _____

Phone _____ Fax _____ Email _____ (postal code)

Company Contact Name/Title _____

For Basic Certification Course only: MOL Learner ID number (if known) _____

COURSE INFORMATION

Date of Course _____ Time of Course: 8 a.m. to 4 p.m. each day

PARTICIPANT(s) *Please photocopy this form for additional participants.*

PLEASE PRINT NAMES

Name(s) _____

Payment Option: Visa MasterCard Call 705-945-0117 to provide card details.

Cheque Invoice Purchase Order No. _____

Our company is HST Exempt. Our exemption number is _____

I would like the invoice (confirming registration) emailed faxed

Please email the completed Registration Form to ubboss@shaw.ca or fax it to 705-253-9905.

Payment must be received before the course starts. Please make cheque payable to Health & Safety Professionals Inc.

How did you hear about our courses?

Referral Training Schedule Fax Newsletter Mail-Out

Website Email from HSPI Other