



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 II REGISTRATION

- Purpose** The purpose of JHSC training is to strengthen the common, consistent foundational training for certified JHSC members.
- Format** Minimum of two day (6 Workplace Specific Hazards) Interactive Classroom Delivery.
- Content** Topics include Confined Spaces, Machine Hazards, Heat and Cold Stress, Driving Hazards, Slips Trips and Falls, Biological and Chemical Hazards, Musculoskeletal Disorders, Violence in the Workplace, and Stress in the Workplace.
- 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** Two Day \$425^{+HST} per person or \$410^{+HST} per person (group rate for 4 or more)
Three Day \$630^{+HST} per person or \$610^{+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 II REGISTRATION

PLEASE PRINT AND COMPLETE ALL AREAS

EMPLOYER INFORMATION

Company Name _____

Company Address _____

Phone _____ Fax _____ Email _____ (postal code)

Company Contact Name/Title _____

MOL Learner ID number (if known) _____

COURSE INFORMATION

Course Dates _____

You must select a **minimum** of two days.

- Day 1 – Confined Spaces, Machine Hazards, Heat and Cold Stress
- Day 2 – Driving Hazards, Slips Trips and Falls, Biological and Chemical Hazards
- Day 3 – Musculoskeletal Disorders, Violence in the Workplace, Stress in the Workplace

Participants who did not complete Part I with HSPI, must provide a Part I Certificate of Completion or MOL Learner ID number to attend the Part II training.

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.