



Unions talking Health and Safety Representative Details

H&S Rep details (All fields must be completed unless indicated optional)

First Name	Middle name (Optional)	Surname
Gender	Ethnicity	Birth date
Reps Address		
Suburb (Optional)	City	Post code
Email (Optional)	Hm phone	Mobile phone (Optional)
Union	Union Member ID (Optional)	

H&S Rep employer details (All fields must be completed unless indicated optional)

Employer: Company name	Employer contact person
Employer Address	
Employer ACC number	
Suburb (Optional)	City Post code
Wk Phone no	Email (Optional)
Industry Sector	Sub classification (PCU desc)
Active status	Time as H @ S Rep years & months (Optional)

H&S Rep details (All fields must be completed)

Previous training completed (None, Stage 1, 2 3)
Current trained status i.e. Stage1,2 or 3
Date of trained status i.e. what date did you complete the course