

## Registration Form

**This form is for Occupational Health Safety and Environmental professionals who wish to express their interest in working with DJH Safety Consulting.**

Submission of this form is not a guarantee that a contract or employment will be offered.

Your registration will not be filed if you have less than 5 years full time experience in an Occupational Health Safety role.

Please ensure that all persons and contacts you enter on this form are aware you have passed on their details. We may contact these people to confirm your qualifications and experience.

All Sections must be completed. If information is left out your registration may not be submitted.

DJH Safety Consulting may use your email information to contact you about OH&S opportunities and news.

You details will remain confidential and will not be passed on to third parties without your consent. If you wish to have your details removed from our system you may do so by requesting in writing to **DJH Safety Consulting Pty Ltd, PO Box 327, Patterson Lakes, VIC 3197**

### Section 1: Personal Information

Title: Mr. Mrs. Ms. Miss Dr. Prof.

Surname: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Are you legally entitled to work in Australia? YES NO

If you are not an Australian resident you will have to provide passport and visa information that show you are legally allowed to work in Australia.

Please affix a passport size photo here or attach to an email along with this registration form

### Emergency Contact Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Section 2: Qualifications and Professional Experience

**Please tick the level of qualifications you have that are in Occupational Health and Safety.**

Cert IV      Diploma      Advanced Diploma      Associate Degree      Bachelors Degree  
Post Graduate Certificate      Post Graduate Diploma      Masters Degree      Other( please list)

**Please tick the level of qualifications you have that are Environmental.**

Cert IV      Diploma      Advanced Diploma      Associate Degree      Bachelors Degree  
Post Graduate Certificate      Post Graduate Diploma      Masters Degree      Other (please list)

**Please list other Nationally Recognised Qualifications or Certificates you have.**

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**Please list other Occupational Health Safety and Environmental professional development activities i.e. attendance at conferences, workshops or seminars.**

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**Please tick if you are a member of or affiliated with any of the following organizations.**

Safety Institute of Australia      National Safety Council of Australia

**Please list any other Occupational Health Safety and Environmental affiliations or memberships.**

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Please indicate how many years experience you have on Occupational Health Safety or Environmental.  
(A minimum of 5 years experience in full time OH&S or Environmental in necessary for registration)

5 -10 years      10-15 years      15-20 years      20-25 years      25+ years

## Section 3: Industry Experience

Please tick the industries that you have worked in and how many years experience you have in each.

Construction	1-5 years	5-10 years	10-15 years	15-20 years	20+ years
Mining	1-5 years	5-10 years	10-15 years	15-20 years	20+ years
Rail	1-5 years	5-10 years	10-15 years	15-20 years	20+ years
Oil and Gas	1-5 years	5-10 years	10-15 years	15-20 years	20+ years
Marine	1-5 years	5-10 years	10-15 years	15-20 years	20+ years
Manufacturing	1-5 years	5-10 years	10-15 years	15-20 years	20+ years
Roads	1-5 years	5-10 years	10-15 years	15-20 years	20+ years
Transport	1-5 years	5-10 years	10-15 years	15-20 years	20+ years

Other (Please state) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate what licenses you have and any other industry specific certificates.

Dogging      Rigging      Scaffolding      Forklift      Crane      Elevated Work Platform  
Excavator      Front End Loader      Dump Truck      Grader      Bull Dozer  
Heavy Articulated      Car (Manual)

Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate what level of First Aid or Medical Certification you hold.

Basic Workplace First Aid      Senior First Aid      Occupational First Aid  
Industrial Ambulance Care      Industrial Paramedic  
Offshore Emergency      Response Offshore paramedic

Other (please state) \_\_\_\_\_  
\_\_\_\_\_

## Section 4: Employment History

Please provide details of your employment history covering at least the last 5 years. Being with your current or most recent position.

**IMPORTANT:** Please ensure that all contact details are correct and that any individuals included in this section are aware you are passing on their details. We may contact your past employers to determine your suitability for a position, however we will not make contact without first notifying you.

<b>1. Company Name:</b>	
Supervisor:	Name: <span style="float: right;">Position:</span>
Address:	
Contact Details:	Tel: <span style="margin-left: 100px;">Mobile:</span> <span style="float: right;">E-mail:</span>
Position:	
Employment dates:	From: <span style="margin-left: 100px;">To:</span>
Duties and responsibilities:	
Reason for leaving:	
<b>2. Company Name:</b>	
Supervisor:	Name: <span style="float: right;">Position:</span>
Address:	
Contact Details:	Tel: <span style="margin-left: 100px;">Mobile:</span> <span style="float: right;">E-mail:</span>
Position:	
Employment dates:	From: <span style="margin-left: 100px;">To:</span>
Duties and responsibilities:	
Reason for leaving:	
<b>3. Company Name:</b>	
Supervisor:	Name: <span style="float: right;">Position:</span>
Address:	
Contact Details:	Tel: <span style="margin-left: 100px;">Mobile:</span> <span style="float: right;">E-mail:</span>
Position:	
Employment dates:	From: <span style="margin-left: 100px;">To:</span>
Duties and responsibilities:	
Reason for leaving:	

## Section 4: Employment History continued...

<b>4. Company Name:</b>			
Supervisor:	Name:	Position:	
Address:			
Contact Details:	Tel:	Mobile:	E-mail:
Position:			
Employment dates:	From:	To:	
Duties and responsibilities:			
Reason for leaving:			
<b>5. Company Name:</b>			
Supervisor:	Name:	Position:	
Address:			
Contact Details:	Tel:	Mobile:	E-mail:
Position:			
Employment dates:	From:	To:	
Duties and responsibilities:			
Reason for leaving:			
<b>6. Company Name:</b>			
Supervisor:	Name:	Position:	
Address:			
Contact Details:	Tel:	Mobile:	E-mail:
Position:			
Employment dates:	From:	To:	
Duties and responsibilities:			
Reason for leaving:			

## Section 4: Employment History continued...

<b>7. Company Name:</b>			
Supervisor:	Name:	Position:	
Address:			
Contact Details:	Tel:	Mobile:	E-mail:
Position:			
Employment dates:	From:	To:	
Duties and responsibilities:			
Reason for leaving:			
<b>8. Company Name:</b>			
Supervisor:	Name:	Position:	
Address:			
Contact Details:	Tel:	Mobile:	E-mail:
Position:			
Employment dates:	From:	To:	
Duties and responsibilities:			
Reason for leaving:			
<b>9. Company Name:</b>			
Supervisor:	Name:	Position:	
Address:			
Contact Details:	Tel:	Mobile:	E-mail:
Position:			
Employment dates:	From:	To:	
Duties and responsibilities:			
Reason for leaving:			

## Section 5: Declaration

Before submitting this form please read the following. If there are any points you are unsure about or need clarified please contact us before submitting.

By submitting this form you are declaring that you:

1. Are interested in Occupational Health Safety and Environmental work with DJH Safety Consulting
2. Are allowing DJH Safety Consulting to retain the details in this form for the purpose of ascertaining your suitability for positions that become available.
3. Understand your details will be held on a database and if you wish your details to be removed or updated, you can request this in writing to: DJH Safety Consulting, PO Box 327, Patterson Lakes, VIC 3197
4. Agree that DJH Safety Consulting may contact you with relevant safety and environmental news and information.
5. Understand that your details will not be given out to third parties without your consent.
6. Are an OH&S or Environmental professional with more than 5 years full time experience.

## Signature

**By signing this document you are declaring you have read and understood the registration requirements and that all the information you have provided is true and correct.**

**If you have an electronic signature, please sign and date this document and return it via E-mail to:**  
[info@djhsafety.com.au](mailto:info@djhsafety.com.au)

**If you do not have an electronic signature, please print out this document after you have completed all sections then sign, date and post or fax it to:**

DJH Safety Consulting  
PO Box 327  
Patterson Lakes  
VIC 3197  
Phone: 03 9772 8886  
Fax: 03 9772 6888

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_