



**BCGEU Occupational Health & Safety Course & Prevention of Violence Course Registration Form**

**Sept 15th & 16th, 2015  
Starting at 9:00am**

**Northwest Area Office**  
102-4710 Lazelle Avenue  
Terrace, BC V8G 1T2  
Fax: 250.635.3588 or 1.800.946.0259  
Phone: 250.635.9126 or 1.800.665.1664

**Joint Occupational Health and Safety Committee Training – Non-Government**

For members of Joint Occupational Health and Safety Committees or health and safety representatives. In this one-day training program participants learn about:

- Health and safety legislation
- Roles and responsibilities of the joint OH&S committee
- Conducting safety inspections and incident investigations in the work place

**Prevention of Workplace Violence (must have previously taken or will be taking the Joint Occupational Health and Safety Committee Training on September 15<sup>th</sup>)**

Violence should not be a part of your job. This course is intended to assist joint committee members to set up an effective violence prevention program.

- The legislative requirements for a violence prevention program
- The definition of workplace violence
- How to identify the hazards
- The factors that contribute to increased risk of workplace violence
- The strategies for recommending corrective measures to eliminate or reduce the risk of violence.

**EXPENSES AND LEAVE OF ABSENCE:**

*As per the Workers Compensation Act (Part 3, Division 4, Section 135(3)) Educational Leave – The employer must provide the educational leave under this section without loss of pay or other benefits and must pay for, or reimburse the worker for, the costs of the training course and the reasonable costs of attending the course.*

**REMEMBER: EMPLOYERS REQUIRE TWO (2) WEEKS NOTICE FOR LEAVE.** When you register for the course(s) notify your Employer that you MAY be absent those days. The Terrace Area Office will send you a Leave of Absence form to be submitted to your Employer for approval. Your receipt of the form will also confirm your registration. Registration must be returned no later than Monday August 31, 2015

**PLEASE INDICATE WHICH COURSE(S) YOU ARE REGISTERING FOR:**

Health & Safety Committee Training Sept 15th:  Prevention of Workplace Violence Sept 16th:

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

Name of Employer: \_\_\_\_\_ Local: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Phone# \_\_\_\_\_ Home Phone# \_\_\_\_\_

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

LEAVE OF ABSENCE REQUIRED? YES  NO  DATES & HOURS: \_\_\_\_\_