

# SMALL BUSINESS COR



## For employers with fewer than 20 employees

- The course is only **2-days of training** instead of the 6 day longer program
  - One day is an on-line course called Principles of Health & Safety Management (PHSM) – this course walks the student through understanding health and safety management systems and building a safety manual.
  - One day is classroom training designed to provide hands on experience in auditing and using the audit instrument.
- PHSM is a co-requisite with the one-day in class training.
- The audit document consists of two sections:
  - Health & Safety Program audit – must receive 80% to pass, and
  - An optional Return-to-Work audit element in the audit document and again 80% is required.
- Total assessment rate rebate from WorkSafeBC could be up to **15%**. Health & Safety COR rebate is 10%, Return To Work (RTW) is as additional 5%.
- For companies with fewer than 20 employees only internal audits are required every year to maintain COR. In the first year the Health & Safety manual must be submitted.
- Sector 72 will be reimbursed \$150 plus GST when COR certified

**Register Today!**  
**(250) 489-8237**



This course is offered in partnership with the  
College of the Rockies and the  
Southern Interior Construction Association

**CSA BC** The Construction  
Safety Association  
of British Columbia

### WHEN:

Saturday, October 3, 2009  
8:30 am – 4:30 pm

### WHERE:

College of the Rockies  
Gold Creek Campus  
1305 – 24<sup>th</sup> Ave S.  
Cranbrook, BC

### COST:

SICA Member	\$150 / person
Potential Member	\$200 / person

Refunds will be given due to cancellation only if made at least 5 business days prior to course date. Those that cancel after the deadline, but before the course date, will receive a credit that can be applied towards future SICA courses, with an expiration date of two years. The credit amount will be the amount paid less 15% administrative fee. "No-Show's" will receive no credit or refund.

### COURSE REGISTRATION:

Fill out attached registration form or  
[www.sica.bc.ca/pdf/COTRregform.pdf](http://www.sica.bc.ca/pdf/COTRregform.pdf)

### Fax to:

College of the Rockies  
(250) 489-1790

### MORE INFORMATION CALL:

SICA – (250) 491-7330 or  
COTR – (250) 489-8237



## REGISTRATION FORM

COTR STUDENT NO. (if known) 	<b>PERSONAL DATA</b>		
LAST NAME	FIRST AND MIDDLE NAME	FORMER LAST NAME	SOCIAL INSURANCE NUMBER <small>(used to prevent duplicate student records and tax purposes where applicable)</small>
TELEPHONE NUMBER HOME (    ) - _____  WORK (    ) - _____ CELL (    ) - _____ FAX (    ) - _____	HOME MAILING ADDRESS		
DATE OF BIRTH YR   MO   DAY		GENDER <input type="checkbox"/> M <input type="checkbox"/> F	
<b>Person or Company Responsible for Payment</b>		<b>Employer's Name and Address</b>	
<b>Course Name:</b>			
<b>SICA Membership NO.</b> _____			
<b>FEE PAYABLE AT TIME OF REGISTRATION</b> \$ _____	<input type="checkbox"/> VISA CARD #: _____ ExpiryDate: _____ NAME: _____	<input type="checkbox"/> MASTERCARD Signature: _____	<input type="checkbox"/> CHEQUE <input type="checkbox"/> CASH (attach)
		PURCHASE ORDER #: _____ (attach copy)	
<b>Voluntary Declaration</b>			
<b>FREEDOM OF INFORMATION/PROTECTION OF PRIVACY:</b> The College Of The Rockies complies with the Freedom of Information/Protection of Privacy legislation of the Province of British Columbia. Information collected on application forms is used in the normal course of College operations in accordance with this legislation.			
I declare that the information contained in this application is to the best of my knowledge, complete and correct. I hereby agree to comply with the rules and regulations of the College.			
I understand and agree that acceptance of this application in no way guarantees admission to the program or course. The application is subject to the availability of seats.			
I understand and agree that the College reserves the right to modify or cancel any program or course without notice or prejudice.			
I understand that personal and group photographs and images may be used by the College of the Rockies to advertise and promote its programs and services. I agree that the College maintains copyright and ownership of such photographs, images, negatives and advertising materials. I waive all moral rights to the use of such personal photographs, images, negatives and advertising materials and agree not to sue the College of the Rockies with respect to these moral rights.			
_____		_____	
SIGNATURE OF APPLICANT		DATE	

***ATTENTION ALL PARTICIPANTS:***

- Home address, phone number and Date of Birth are required as well as SICA Membership # if applicable.
- Completed registration forms, with payment, should be forwarded to:  
College of the Rockies, Registration Department  
Fax: 250-489-1790 or Phone: 250-489-8237