

# Make Safety a Priority!



...Don't wait for an ACCIDENT to happen!

## CSABC Owner/Senior Manager Course

March 1, 2010

Cranbrook, BC

8:30 am to 12:30 pm

### COST:

SICA Member \$50.00 / person

Potential Member \$70.00 / person

\*All courses are subject to GST

### COURSE DESCRIPTION:

This Instructor led course will focus on lowering WorkSafeBC claims costs via accident prevention. It includes detailed presentations on the WorkSafeBC's Experience Rating System and Due Diligence requirements plus federal and provincial legislation that provide for heavy penalties for failure to ensure appropriate training and safe work practices. Participants learn how to set up and monitor site safety programs.

## CSABC Supervisor Course (2 Days)

TBD

Cranbrook, BC

8:30 am to 4:30 pm

### COST:

SICA Member \$150.00 / person

Potential Member \$200.00 / person

\*All courses are subject to GST

### COURSE DESCRIPTION:

This course is essential for anyone who manages workers. The course is instructor-led with an emphasis on supervisor safety, responsibility and liability considerations. It includes detailed presentations on site safety and monitoring and effectively addressing and managing problem situations in order to prevent accidents and injuries.

These CSABC courses are part of the requirement for  
**Your 10% WorkSafeBC Rebate.**

## Register Today!

### COURSE REGISTRATION:

Follow the Link to the Registration Form:

[www.sica.bc.ca/pdf/COTRregform.pdf](http://www.sica.bc.ca/pdf/COTRregform.pdf)

Fax to:

College of the Rockies

(250) 489-1790



### WHERE:

College of the Rockies

Gold Creek Campus

1305 24<sup>th</sup> Avenue South

Cranbrook, BC

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.

### MORE INFORMATION CALL:

SICA – (250) 491-7330 or

COTR – (250) 489-8237

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



## 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 (    )    -	HOME MAILING ADDRESS			
WORK (    )    -	CITY/TOWN		POSTAL CODE	
CELL (    )    -	<b>Employer's Name and Address</b>			
FAX (    )    -				
DATE OF BIRTH YR   MO   DAY	GENDER <input type="checkbox"/> M <input type="checkbox"/> F			
<b>Person or Company Responsible for Payment</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