



CSABC Worker Course Registration



Provide **Safe** Work Sites and ...

Get Your Requirements for the 10% WorkSafeBC Rebate

Presented as an **interactive computer video with a wide range of construction sites and situations tested, using multiple-choice quizzes**, this course provides an excellent tool for worker safety training in the Construction Industry. The course will include: The Law at Work, Workplace Hazards, Personal Protective Equipment, Personal Physical Care; Fitness for Work, Housekeeping, Ladders & Scaffolding, Machinery, Tools & Equipment, Mobile Equipment, Excavation & Trenching, Emergency Response, Working with Chemicals (WHMIS), Environmental Factors

HOW TO REGISTER: Complete the Registration Form below and **fax** to the SICA/St. John Ambulance office in your area. **Staff will contact you to set date and time. => \$50 + HST/Member - \$70 + HST/Potential Members**

Anytime between 8:30am and 4:30pm, schedule the time for your workers' safety courses.

KELOWNA – SICA Office
SICA Kelowna Office, 104-151 Commercial Drive
Ph: (250) 491-7330, **Fax: (250) 491-3929**

KAMLOOPS – SICA Office
SICA Kamloops Office, 908 Camosun Crescent
Ph: (250) 372-3364, **Fax: (250) 828-6634**

PENTICTON – St. John Ambulance
Ph: (250) 492-3377, **Fax (250) 492-2905**

VERNON – temporary out of service

CASTLEGAR / NELSON – Ashland Training
Fax to SICA office: (250) 491-3929

CRANBROOK (COTR)
Fax to SICA office: (250) 491-3929

CLEARWATER – CRCNT
Fax: (250) 674-3540

STUDENT INFORMATION

Course Location Requested: *Please select above*

Student Last Name _____ Student First Name _____ Student Home Phone _____

Student Birthdate (mm/dd/yy) _____

Student Home Address _____ City _____ Postal Code _____

COMPANY INFORMATION

Company Name _____ Contact Name _____ Business Phone _____

Company Address _____ Business Fax _____

PAYMENT INFORMATION

To Be Paid By: Student or Company **Payment Method:** Visa, or MC or Cash, or Cheque

Credit Card Number (if applicable) _____ Expiry Date _____

Card Holder Name _____ Signature _____

Delivery of Certificate (please check one option): Student Address Company Address

The Construction Safety Association (CSABC) respects your privacy. We never sell, trade, or loan your information to other organizations. We will use your information only for data collection purposes, certificate issuance and to provide verification of completion of STAR COR certified courses. We disclose your information only to St. John Ambulance (SJA) and BC Safety Training Systems (BCSTS) to accomplish this purpose. I understand that if I do not complete the CSTS - BC program successfully, I will not be issued a course certificate.

I also understand that I may receive correspondence from any of the three institutions mentioned above in regard to the STAR COR program and its administration. If at anytime you no longer wish to be contacted by CSABC, SJA or BCSTS, please call the CSABC at 604-241-7667. Payment must be made prior to course date.

INTERNAL USE:

Signature _____ **Voucher Number** _____ **Voucher Code** _____

Date _____ **Scheduled Date:** _____ **Scheduled Time:** _____

Completion Date: _____