



Business details

ABN

WorkCover Policy number (if known)

Preferred OHS Essential Provider (if known)

Business name

Business address

Number of full time employees

Number of part time/casual employees

Industry

Other

Nature of business

Contact name

Contact email

Contact phone number

Contact signature

Main safety topics you would like the consultant to address (tick all that are relevant)

Manual Handling

Workplace Bullying

Workstation Setup

Slips, Trips and Falls

Safety Leadership
and Culture

Construction and
Related Activities

Plant and Equipment
Safety

Mental Health and
Wellbeing

Register of Injuries
and Return to Work

Dangerous Goods
& Hazardous
Substances

Occupational
Violence and
Aggression

Documentation
and Policies (incl.
SWMS and Work
Procedures)

Association Membership (tick all that are relevant)

Victorian Automotive
Chamber of
Commerce

Australian Industry
Group

Victorian Chamber
of Commerce and
Industry

Master Builders
Association of
Victoria

Where do you get your health and safety information from?

Other

How did you hear about the program?

Other

Email the completed application to ohs@workfocus.com for your application to be processed.