



Application details

Business details

ABN	WorkCover Policy number (if known)
<input type="text"/>	<input type="text"/>
Preferred OHS Essential Provider (if known)	Business name
<input type="text"/>	<input type="text"/>
Business address	
<input type="text"/>	
Number of full time employees	Number of part time/casual employees
<input type="text"/>	<input type="text"/>
Industry	Nature of business
<input type="text"/>	<input type="text"/>
Contact name	Contact email
<input type="text"/>	<input type="text"/>
Contact phone number	Contact signature
<input type="text"/>	<input type="text"/>

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

<input type="checkbox"/> Manual Handling	<input type="checkbox"/> Workplace Bullying	<input type="checkbox"/> Workstation Setup	<input type="checkbox"/> Documentation and Policies (incl. SWMS and Work Procedures)
<input type="checkbox"/> Slips, Trips and Falls	<input type="checkbox"/> Dangerous Goods & Hazardous Substances	<input type="checkbox"/> Occupational Violence and Aggression	<input type="checkbox"/> Mental Health and Wellbeing
<input type="checkbox"/> Register of Injuries and Return to Work	<input type="checkbox"/> Construction and Related Activities	<input type="checkbox"/> Plant and Equipment Safety	<input type="checkbox"/> Safety Leadership and Culture

Association Membership (tick all that are relevant)

<input type="checkbox"/> Victorian Automotive Chamber of Commerce	<input type="checkbox"/> Australian Industry Group	<input type="checkbox"/> Victorian Chamber of Commerce and Industry	<input type="checkbox"/> Master Builders Association of Victoria
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Where do you get your health and safety information from?

How did you hear about the program?

<input type="text"/>	<input type="text"/>
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Email the completed application to ohsessentials@worksafe.vic.gov.au for your application to be processed.