

# CERTIFICATE IN APPLIED WORKPLACE H&S PRACTICE PROGRAMME ENROLMENT FORM

## PERSONAL INFORMATION\* (Please fill in all fields and print information clearly)

Full Legal Name:			
Also Known As: <small>(If applicable)</small>			
Maiden Name: <small>(If applicable)</small>		NSI/NZQA Student Number: <small>(If unknown please leave blank)</small>	
Date of Birth: <small>(dd/mm/yyyy)</small>		Gender:      Male              Female              Diverse	
Ethnicity:		Phone Number:	
Work Email Address:			
Personal Email Address:			
For recognition of any applicable prior learning do you give IMPAC permission to access and review your NZQA record of learning?		Yes	No
Do you have any special dietary requirements? <small>For example allergies, vegan, gluten free.</small>		Yes	No
Do you have any special learning difficulties or physical impairments? <small>For example dyslexia or vision difficulties.</small>		Yes	No

\*In accordance with the Privacy Act 2020, IMPAC is committed to protecting your privacy and your personal information. Personal information including gender, ethnicity and date of birth is required to identify your record of learning in the databases of IMPAC and as appropriate New Zealand Qualifications Authority (NZQA), National Student Index (NSI), IOSH and NEBOSH. This information is stored in IMPAC's secure systems and shared with the appropriate third party for statistical and reporting purposes.

## COMPULSORY MODULES (21 CREDITS)

Listed below are the compulsory modules for this programme.

COURSE NAME	UNIT STANDARD	LEVEL	CREDIT VALUE
Introduction to NZ H&S Legislation <small>This is offered publicly as part of IMPAC's HSR Stage 1: Introduction to the HSR Role and as an eLearning course)</small>	30264	3	3
Workplace Risk Assessment <small>(This is offered publicly as part of IMPAC's HSR Stage 2: Risk Assessment &amp; Incident Investigation course)</small>	30265	3	8
HSR Stage 3: Workplace H&S Culture and Communication	30266	3	6
	N/A	3	4

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## ELECTIVE MODULES (23 CREDITS)

Please indicate below the elective modules you intend to complete. The selected elective modules must have a combined assessed credit value of at least 23 credits. Please select elective modules that will provide you knowledge of legislative requirements and workplace health and safety practices that are appropriate to your general workplace environment and role. You will have the flexibility to amend your selection of options if necessary.

COURSE NAME	UNIT STANDARD	LEVEL	CREDIT VALUE	
HSR Stage 1: Introduction to the HSR role	29315	3	2	
Working at Heights	17600	3	3	
Incident Reporting & Investigation <i>(This is offered publicly as part of IMPAC's HSR Stage 2: Risk Assessment &amp; Incident Investigation course)</i>	17601	4	6	
Permit Receiver	17588	3	4	
Permit Issuer	17590	3	6	
Preventing and Managing Discomfort, Pain and Injury	17591	3	8	
	17592	3	4	
Confined Space and Gas Detection	17599	4	5	
	18426	3	4	
	25510	3	4	
Fire & Emergency Warden Duties	18408	3	3	
Injury Management	18411	4	6	
Job Safety Analysis	19522	3	3	
Workplace Health and Safety Planning	25042	3	4	
Energy Isolation (Lock Out Tag Out)	25043	3	4	
Health and Safety Committees	30433	3	2	
Workplace Wellbeing	N/A	3	4	
Working in Thermal Extremes <i>(Available for inhouse training only)</i>	17585	3	4	
Electrical Safety in the Workplace*	17586	3	4	
Noise and Hearing Conservation*	17594	3	3	
Safety Observer*	17596	3	4	
Sleep and Fatigue Management*	21337	3	2	
Drug and Alcohol Management*	22316	3	4	
Employers Responsibilities: Drug and Alcohol use in the workplace*	22318	3	10	
Asbestos Awareness*	30596	3	2	

\* Courses marked with an asterisk are currently unavailable for training with IMPAC but can be recognised as prior learning.

Total Elective Credits:

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## EMPLOYMENT INFORMATION

Are you currently employed:	Yes	No - If no please contact <a href="mailto:training@impac.co.nz">training@impac.co.nz</a> to discuss this.
Company Name:		

## MANAGER OR SUPERVISOR ATTESTATION

I confirm that _____ will be supported and/or monitored appropriately during their enrolment in this programme while applying their new skills and knowledge, or while completing any assessment materials post-course.	
Name:	Signature:
Role:	Phone Number:
Email Address:	

## STUDENT DECLARATION

I declare to the best of my knowledge all the information supplied on this enrolment form is true and complete.	
I understand that personal information including but not limited to gender, ethnicity and date of birth maybe shared with NZQA, NSI, the relevant workforce development council for statistical and reporting purposes.	
I confirm I meet the following programme entry requirements:	
<ul style="list-style-type: none"><li>• Over the age of sixteen</li><li>• Have a functional understanding of English language, literacy and numeracy</li><li>• I am able to apply my developing skills and knowledge in a workplace or community.</li></ul>	
Signature:	Date:

Please submit this form to [training@impac.co.nz](mailto:training@impac.co.nz)  
We will acknowledge receipt and be in contact with you on next steps.