



Confidential ✓



Personalised ✓



Independent ✓

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"/>

I would like to receive safety advice in a language other than English.

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 |
|---|--|---|--|

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 contact@ohs essentials.com.au for your application to be processed.

Funding for the OHS Essentials program is provided by WorkSafe Victoria (WorkSafe). Any personal information provided will be used to administer the program. Your full name, contact number and email address will be shared with independent OHS consultants to arrange the service. Links to privacy policies and access info can be found at the bottom of this page. The full WorkSafe privacy policy is available [here](#).

Individuals have the right to access and correct any personal information held by WorkSafe. If you have any questions about how your personal information will be handled, please contact WorkSafe's Privacy Team at privacy@worksafe.vic.gov.au.