



e-form  
**Workers' Health and Safety  
Representative Course**



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Duration: 16 hours (including coffee breaks)  
Venue: 17, Edgar Ferro Street, Pietà PTA 1533

*Please complete & submit this application form, enclosing the relative fee of €110 incl. VAT*

**COMPANY DETAILS**

Agency / Department / Company

Address

VAT Number

Telephone

Contact Person

Position

E-mail

Application Date

## PERSONAL DETAILS

Name and Surname

Designation

ID Card Number

Age

Gender

Telephone

Mobile

E-mail

## METHOD OF PAYMENT

Issuing Bank & Cheque Number

Purchase Order Number

*Note: A cancellation fee amounting to half of the participation fee, may, at the discretion of the Authority, be charged when a participant who has confirmed attendance fails to turn up for the course. However, substitute candidates will be accepted. The FULLY COMPLETED application form with the appropriate remittance should be forwarded and made payable to **Awtorità Sahħa Sigurtà Post tax-Xogħol**, 17 Triq Edgar Ferro Pietà PTA 1533.*

*You may also fax an advance copy of your application on 21232909 or via email on [courses.ohsa@gov.mt](mailto:courses.ohsa@gov.mt).*

***Applicants are to ensure that proof of Departmental Head approval is attached to the relevant application***

Please check this box if you DO NOT wish to receive updates from the Authority

*The information supplied to OHSa on this form shall be treated in the strictest confidence in terms of the Data Protection Act XXVII, 2001 and subsequent amendments.*