

## REGISTRATION LETTER

### CONSTRUCTION SAFETY OFFICER CERTIFICATE (CSO-200)

Trade Safety Coordinator (TSC-200-211)/Construction Safety Officer (CSO-200-212)

Dear Construction Safety Officer Certificate Participant:

We are pleased to welcome you to our Construction Safety Officer Certificate (CSO-200) which consists of Trade Safety Coordinator Course (TSC-200-211) and the Construction Safety Officer Course (CSO-200-212).

Included in this package you will find the following forms that **must be completed and returned prior to ER Plus Risk Management Group Inc. commencement of your training:**

- Student Registration Form
- Statement of Fitness Form
- Student Letter of Declaration

In order to meet the criteria that has been set out by the governing body that oversees the certification process, the following prerequisites MUST be met prior to entering the program:

1. Physical fitness verification through a Statement of Fitness **to be completed and returned to ER Plus Risk Management Group Inc.** (found with this registration package)
2. Minimum age is 18 years old (please provide a copy of valid photo ID);
3. Knowledge and command of the English language to the level of successfully completing the course readings and assignments.

**Proof that the candidate meets all prerequisites shall be presented before completion certificate is issued by ER Plus Risk Management Group Inc.**

If you have any questions, or would like further information, please call us at 604-275-9070 or email us at [info@erplus.com](mailto:info@erplus.com).

Sincerely,

**ER Plus Risk Management Group Inc.**

*Safety is Our Passion!*

230-11120 Horseshoe Way, Richmond, B.C., V7A 5H6 Phone: 604-275-9070 Fax: 604-275-9074  
Web: [www.erplus.com](http://www.erplus.com) Email: [info@erplus.com](mailto:info@erplus.com)

## STUDENT REGISTRATION FORM

### STUDENT INFORMATION

|  |                                  |        |                |   |   |
|--|----------------------------------|--------|----------------|---|---|
| Surname:   |                                  | First: | Middle:        | <input type="checkbox"/> Mr.<br><input type="checkbox"/> Mrs. | <input type="checkbox"/> Ms.<br><input type="checkbox"/> Miss |
| Is this your legal name?                                 | If not, what is your legal name? |        | (Former name): | Birth date:   | Age:      Sex:  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |                                  |        |                | YY / MM / DD  | <input type="checkbox"/> M <input type="checkbox"/> F         |

#### Mailing Address and Contact Information:

All correspondence will be mailed to this address. Please notify ER Plus Risk Management Group Inc. of any changes. Please provide your email address and at least one phone number so we can contact you in the event of a course schedule change or cancellation.

|                 |                          |                 |                              |
|-----------------|--------------------------|-----------------|------------------------------|
| Street address: |                          | Home Phone no.: | Cell Phone no.:              |
| P.O. box:       | City:                    | Province:       | Postal Code:                 |
| Email Address:  | Relationship to Student: |                 | Emergency Contact phone no.: |

#### COURSE LIST – PLEASE SELECT ONE

|  |  |
|--|--|
| Construction Safety Officer (CSO) Certificate CSO-200 (2 WEEKS)              | <input type="checkbox"/>   |
| Trade Safety Coordinator (TSC) Course (CSO Part 1) - CSO-200-211 (1 WEEK)    | <input type="checkbox"/>   |
| Construction Safety Officer (CSO) Course (CSO Part 2) – CSO-200-212 (1 WEEK) | <input type="checkbox"/>   |
| Location:  | Program Date:  |
| <b>Note:</b>   | <i>In order to receive the Certificate of Completion for the Construction Safety Officer Course and be eligible for application to the ASTTBC for the Construction Safety Officer Designation, students are required to successfully complete both the Trade Safety Coordinator and the Construction Safety Officer courses.</i> |

#### PAYMENT METHOD

|                               |  |                               |                                      |   |
|-------------------------------|--|-------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Invoice – Corporate PO Required | <input type="checkbox"/> Visa | <input type="checkbox"/> Master Card | <input type="checkbox"/> Certified Cheque |
| Card Number:                  | Expiry Date:<br>MM / YYYY                                | Security Code:                | Name on Card:                        |   |

#### OFFICE USE ONLY

|  |                      |                |
|--|----------------------|----------------|
| Payment Received? <input type="checkbox"/> Yes <input type="checkbox"/> No | Corporate Invoice #: | Corporate PO#: |
| YYYY / MM / DD   |                      |                |

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## CONSTRUCTION SAFETY OFFICER CERTIFICATE (CSO-200)

| STATEMENT OF FITNESS   |  |  |  |
|--|--|--|--|
| STUDENT INFORMATION  |  |  |  |
| Surname:   | Given name(s) in full:                                   | Mr. <input type="checkbox"/><br>Mrs. <input type="checkbox"/><br>Ms. <input type="checkbox"/><br>Miss <input type="checkbox"/> | Date of birth:<br><br>yyyy - mm - dd                     |
| Mailing address:   |  | City / Province:   | Postal Code:   |
| SIN #  | Care Card #  |  |  |
| <p>Answer all the following questions honestly and truthfully regarding any medical conditions. For more information on the statement of fitness, contact ER Plus Risk Management Group Inc.</p> <p><b>If the answer to any of the following questions is YES, a Medical Certificate, completed by a physician, must be provided before the course starts. This form can be obtained from ER Plus Risk Management Group Inc. upon request.</b></p> |  |  |  |
| <b>Disease conditions</b> – Is there medical evidence and/or history of:   |  |  |  |
| Diabetes   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Respiratory disease  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Seizure disorder   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Heart disease  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Communicable disease   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Multiple sclerosis   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Hernia   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Other  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Alcohol or substance abuse</b> - Have you experienced any problems in the previous 12 months, relative to the overuse and/or addiction to alcohol, recreational or prescription drugs, and/or over-the-counter medications?<br><div style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></div>   |  |  |  |
| <b>Psychological and/or emotional illness</b> – Have you experienced any psychological or emotional episodes which could preclude you from performing the duties of a TSC/CSO?<br><div style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></div>   |  |  |  |
| <b>Visual acuity</b> - Will you (with appropriate visual correction, if required) be able to observe a hazard or incident from a distance, assess and respond?<br><div style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></div>   |  |  |  |
| <b>Hearing acuity</b> – Will you (with appropriate hearing correction, if required) be able to hear and respond to a hazard or incident on a construction site?<br><div style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></div>  |  |  |  |
| <b>Physical fitness</b> – Do you have any physical conditions that would limit you from climbing rough terrain such as steep banks, steep excavations, or higher elevations to provide TSC/CSO functions?<br><div style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></div>  |  |  |  |
| Candidate's Name ( <i>please print</i> ):  | Candidate's Signature:                                   | Date:<br>(yyyy-mm-dd)  |  |

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## CONSTRUCTION SAFETY OFFICER CERTIFICATE (CSO-200)

| STUDENT DECLARATION   |  |   |                 |   |                          |                          |
|---|--|---|-----------------|---|--------------------------|--------------------------|
| STUDENT INFORMATION   |  |   |                 |   |                          |                          |
| Surname:  |  | First:  |                 | Middle:   |                          |                          |
|   |  |   |                 | <input type="checkbox"/> Mr.<br><input type="checkbox"/> Mrs.                                     |                          |                          |
|   |  |   |                 | <input type="checkbox"/> Ms.<br><input type="checkbox"/> Miss                                     |                          |                          |
| Is this your legal name?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  | If not, what is your legal name?  |                 | (Former name):  |                          |                          |
|   |  |   |                 | Birth date:    Age:    Sex:<br>YY / MM / DD <input type="checkbox"/> M <input type="checkbox"/> F |                          |                          |
| Street address:   |  |   | Home Phone no.: |   | Cell Phone no.:          |                          |
|   |  |   |                 |   |                          |                          |
| P.O. box:   |  | City:   |                 | Province:   |                          |                          |
|   |  |   |                 |   |                          |                          |
| Postal Code:  |  |   |                 |   |                          |                          |
| Email Address:  |  |   |                 |   |                          |                          |
|   |  |   |                 |   |                          |                          |
| READ THE FOLLOWING STATEMENTS CAREFULLY   |  |   |                 | YES   | NO                       | PROOF ATTACHED           |
| I am minimum age 18 years old at the commencement of this program (provide copy of photo id)  |  |   |                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand that any criminal convictions must be disclosed and presented to the ASTTBC for confidential review should I decide to pursue the ASTTBC designation of CSO  |  |   |                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| I have completed secondary school or equivalent   |  |   |                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| I have completed and submitted the Statement of Fitness (Medical Certificate of Fitness to be completed by physician is required in the case where you have declared "yes" to any of the questions on the Statement of Fitness. The form can be obtained from ER Plus upon request).  |  |   |                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| I am competent to read, write, understand and speak coherently on course-related topics   |  |   |                 | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| STUDENT DECLARATION   |  |   |                 |   |                          |                          |
| <i>I hereby declare that I have read and understand the statements, prerequisites and policies as laid out above and in the Trade Safety Coordinator (TSC-200-211) and/or Construction Safety Office (CSO-200-212) Student Policy Manuals. I understand that ER Plus Risk Management Group Inc. has the right to refuse acceptance into the Construction Safety Officer Certificate if I do not meet the admission requirements listed above. I understand that no refunds will be issued for rightful dismissal/expulsion from this program.</i> |  |   |                 |   |                          |                          |
| Student Name (Printed):   |  |   |                 | Date:   |                          |                          |
|   |  |   |                 | (yyyy-mm-dd)  |                          |                          |
| Student Signature:  |  |   |                 |   |                          |                          |
|   |  |   |                 |   |                          |                          |
| OFFICE USE ONLY   |  |   |                 |   |                          |                          |
| Application reviewed Yes <input type="checkbox"/> No <input type="checkbox"/>   |  | Support documentation received Yes <input type="checkbox"/> No <input type="checkbox"/> |                 |   |                          |                          |
| (yyyy-mm-dd)  |  |   |                 |   |                          |                          |

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