

Trade Safety Coordinator/Construction Safety Officer Program

Dear Trade Safety Coordinator (TSC)/Construction Safety Officer (CSO) Student:

We are pleased to welcome you to our Trade Safety Coordinator/Construction Safety Officer Program. Included in this package you will find the following forms that **must be completed and returned prior to commencement of your training**: Student Registration Form, Client Registration Form (for completion by your sponsor or employer if applicable), and the Statement of Fitness Form.

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); WCB Occupational First Aid Level 2 or 3 will be accepted in lieu of the medical examination;
2. Minimum age is 19 years old (please provide a copy of valid ID);
3. Knowledge and command of the English language to the level of successfully completing the course readings and assignments; and
4. One year of relevant construction experience with a letter verifying this experience from a senior representative of the employer; **OR**

A letter from the union stating the union membership is in good standing and the student was employed by a contributing employer for at least two (2) months in the past calendar year; **OR**

Acceptance into this program via an interview with, and at the discretion of, the ER Plus Risk Management Group Inc. Director of Training to determine suitability for entry into the program.

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

In order to ensure you get the most out of the program and to assist you in planning your participation the instruction has been divided into course topics. Each topic includes a PowerPoint presentation, handouts and relevant WorkSafeBC resource materials.

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Please be aware of the following important details to observe prior to the start of your course:

1. **Payment Arrangements:** Payment is due upon booking. You must submit your credit card information, certified cheque, money order, cash or provide PO number from your employer along with a Client Registration Form that has been completed by your employer/sponsor.
2. **Location:** We are located at: 230-11120 Horseshoe Way, Richmond, BC.
3. **Accommodation:** The nearest hotel is the Holiday Inn Express located 2.5km from our facility. The address and phone number are: 10688 No. 6 Road, Richmond, BC 604-241-1830 or 1-877-660-8550 (toll free)
4. **Parking:** Parking is FREE at the Richmond location. Please park only in stalls marked ER Plus, Visitor or those that are numbered (40 – 42 and 60 – 64).
5. **Computer:** Wireless connectivity is available at our location and we encourage those students who are able to bring a laptop with them to class in order to access on-line resources and to assist with their class and homework projects. You may use one of our printers to print your homework assignments and class projects if you wish to do so.
6. **Course Materials:** All course materials, such as student binders, are included in the program fee.
7. **Personal Protective Equipment (PPE):** We ask that you have available and bring steel-toed boots to class for the site visit.
8. **Full-Time Class Schedule:** Class starts at **0800** and finishes at **1600** each day. **Class will start on time.** Please do not be late as you may miss valuable information and as it is disruptive to your fellow students and the instructor. We recommend that you arrive for class by 0745.
9. **Attendance:** We require that you attend all classes in the program and that you do not miss any classroom time. If there is an emergency, the instructor will discuss with you your absence and its potential impact on successfully completing the program.
10. **Breaks:** There are two coffee breaks and one short lunch break per day. We recommend that you bring your snacks and lunch. There is a fridge that you may store your food in and coffee is provided at break times.
11. **Food/Beverages:** There is a lunchroom at our Richmond location. Free coffee and spring water is provided for all our students. We also have a fridge where you can store your lunch and snacks.

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12. **Homework:** There is homework assigned to you on most nights. You will need to complete it and either hand it in on the following day or present it in class. Incomplete homework may affect your ability to successfully pass the course. All homework **MUST** be handed in prior to the final exams.
13. **Passing Grade:** The passing grade is 75% or better for the homework assignments **AND** 75% or better for the examinations.
14. **Rewriting the Exam:** If you receive a grade lower than 75% on Homework Assignments or the Exam(s) you are allowed to rewrite only once. There is an additional fee for the exam rewrite of \$75.00 + taxes. The passing grade for the rewrite is 85% or better. If unsuccessful in this attempt, a full retake of the course will be required. All rewrites **MUST** be taken no later than ninety (90) days from the original date of the assignment or examination.

Refund Policy: Payment is to be received upon booking. A minimum of 48 hours notice is required for cancellation; otherwise no refund will be issued. Between 48 and 72 hours cancellation notice, there will be a 50% refund. At 72 hours or more cancellation notice, payment will be 100% refunded. The course schedule is subject to change, dependent upon class enrollment. A full refund will be issued in the event ER Plus Risk Management Group Inc. cancels a course.

Please note: As attendance for the Construction Safety Officer Program is dependent upon successful completion of the Trade Safety Officer Program; No refund will be issued for the Construction Safety Officer component if the student is unsuccessful in completion of the Trade Safety Coordinator Program homework and/or exam.

If you have any questions, please call us at 604-275-9070 or email info@erplus.com.

Sincerely,

ER Plus Risk Management Group Inc.

Enclosures

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Legal Last Name:		
Legal First Name:		Middle Name:
Date of Birth: (yyyy/mm/dd)	Gender :	Male <input type="checkbox"/> Female <input type="checkbox"/>

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.

Mailing address:		
City:	Province:	Postal Code:
Country:	Home Phone:	Cell Phone:
Email Address:		Work Phone:
Emergency Contact Name:	Relationship to Student:	Emergency Contact Number

Course List

(Please check the course(s) you are attending)

Course Date: _____

- | | | | |
|---------------------------------|------------------------------|------------------------------|---|
| <input type="checkbox"/> OFA L1 | <input type="checkbox"/> AED | <input type="checkbox"/> EFA | <input type="checkbox"/> Confined Space |
| <input type="checkbox"/> OFA L2 | <input type="checkbox"/> TSC | <input type="checkbox"/> CPR | <input type="checkbox"/> Fall Protection |
| <input type="checkbox"/> OFA L3 | <input type="checkbox"/> CSO | <input type="checkbox"/> SFA | <input type="checkbox"/> Respiratory Protection |

Payment Method

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Visa | Card Number: _____ |
| <input type="checkbox"/> Corporate Invoicing | <input type="checkbox"/> Master Card | Expiry Date: _____ |
| <input type="checkbox"/> Corporate PO | <input type="checkbox"/> Certified Cheque | <input type="checkbox"/> Money Order |

CONDITIONS: Payment is to be received upon registering in a course. A minimum of 48 hours is required for cancellation; otherwise, there will be no refund. Between 48 and 72 hours cancellation notice, there will be a 50% refund. 72 hour or more, cancellation will be 100% refund. The course schedule is subject to change, dependant on enrolment of a class. A full refund will be issued in the event ER Plus cancels a course. NOTE: An invoice that is 30 days past due may be subject to an interest fee of 2.5% in addition to administration fees.

Office Use Only *(please to do not write in this section)*

Payment Received? Yes No Corporate Invoice # _____
(Attach receipt if applicable) Corporate PO# _____

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Client Information

Company Name: _____
Postal address: _____ Contact: _____
City and province: _____ Postal Code: _____
Telephone: () _____ Fax: () _____ Others: _____
E-mail: _____ Web: _____
Company Safety Coordinator: _____ Phone: _____

Invoicing Information

Accounting Administrator: _____ Phone: _____
Are Purchase Order numbers required for invoicing? Yes No

Mailing Address for Accounts Payable

Site name: _____ PO#: _____
Postal address: _____ Supervisor: _____
City and province: _____ Postal code: _____
Telephone: () _____ Fax: () _____ Emergency: _____
E-mail: _____
Payment method: Invoicing cheque credit card cash

Trade References (Minimum Two)

Phone: _____

Phone: _____
How often do you expect to use our services? # _____ per month.
How did you hear about ER Plus? _____

Are You Interested In Our Other Services?

Safety Equipment Sales **Safety Personnel** OFA - Level I - Level II Level III
 Rentals CSO
Safety Training **Safety Consulting** Confined Space team / Stand-by

Note: Personnel are charged at hourly rates in accordance with the Employment Standards Act. Specifically daily and weekly overtime will be charged at time and a half up to double time when in excess of 8 hours a day or 40 hours per week. When required timesheets should be signed by the site authority, copies can be provided with invoices if requested. Payments on invoices are required within thirty days after the invoice is sent. Any overdue payments will be charged at a 2% interest rate (24% annual rate). A referral fee of \$1000.00 will be charged to your company should you wish to hire the personnel provided by ER Plus RMG Inc. directly while he/she is still in our employment; if that employee is an ER Plus Manager, the referral fee is \$5000.00. **PLEASE INITIAL THAT THESE TERMS ARE UNDERSTOOD:**

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Trade Safety Coordinator/Constructions Safety Officer

(TSC/CSO)

Legal Last Name	Given Name(s) in full	Date of Birth (yyyy-mm-dd)	
Mailing Address	City	Province	Postal Code
Care Card #			

Participation in the TSC/CSO course and performing the duties of a TSC/CSO in the field can be physically and mentally demanding.

Statement of Fitness

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.

If the answer to any of the following questions is YES, a Medical Certificate of Fitness, completed by a physician, must be provided before the course starts. The Medical Certificate of Fitness form can be obtained from ER Plus Risk Management Group Inc.

Disease conditions – Is there medical evidence and/or history of:					
Type I or II 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"/>
Have you experienced any problems in the previous 24 months, related to the overuse and/or addiction to alcohol, recreational or prescription drugs, and/or over-the-counter medications?					
Yes <input type="checkbox"/> No <input type="checkbox"/>					

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Have you experienced any psychological or emotional episodes which could preclude you from performing the duties of a TSC/CSO?

Yes No

Do you have any physical or psychological disabilities that could effect your ability to perform TCS/CSO duties?

Yes No

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?

Yes No

Please list any professional affiliations you may have:

I have answered all the above questions honestly and truthfully. This is a true reflection of any physical and mental condition that would have a bearing upon my ability to function as a TSC/CSO.

Yes No

Name (please print)

Signature

Date (yyyy-mm-dd)

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