

CERTIFICATE IN APPLIED WORKPLACE H&S PRACTICE PROGRAMME ENROLMENT FORM

PERSONAL INFORMATION*			
FULL LEGAL NAME			
ALSO KNOWN AS: <i>(if applicable)</i>			
MAIDEN NAME: <i>(if applicable)</i>			
DATE OF BIRTH: <i>(dd/mm/yyyy)</i>		NSI/NZQA STUDENT NUMBER: <i>(If unknown please leave blank)</i>	
GENDER:	MALE	FEMALE	NON-BINARY
DO YOU HAVE ANY SPECIAL DIETARY REQUIREMENTS? <i>For example allergies, vegan, gluten free. Please note that IMPAC is unable to cater for dietary preferences.</i>	YES	NO	If yes please explain:
DO YOU HAVE ANY SPECIAL LEARNING DIFFICULTIES OR PHYSICAL IMPAIRMENTS? <i>For example dyslexia or vision difficulties.</i>	YES	NO	If yes please explain:

CONTACT INFORMATION			
PERSONAL EMAIL ADDRESS			
WORK EMAIL ADDRESS			
PHONE NUMBER(S):			
PREFERRED CONTACT:	PERSONAL EMAIL ADDRESS	WORK EMAIL ADDRESS	PHONE

* Personal information including gender, ethnicity and date of birth required to identify your record of learning in the databases of IMPAC, New Zealand Qualifications Authority (NZQA) and the National Student Index (NSI). Without this information we may be unable to process your application. Your data is retained by IMPAC, as per our Privacy Policy (<https://impac.co.nz/about/privacy-policy/>) and will only be shared as is necessary to achieve this qualification.

PROGRAMME CONTENT

COMPULSORY MODULES (21 CREDITS)

COURSE NAME	UNIT STANDARD	LEVEL	CREDIT
New Zealand Health and Safety Legislation: Duties, Rights, Representation and the Regulator (This is offered publicly as part of IMPAC's HSR Stage 1: Introduction to the HSR Role course)	30264	3	3
Workplace Risk Assessment (This is offered publicly as part of IMPAC's HSR Stage 2: Risk Assessment & Incident Investigation course)	30265	3	8
Workplace H&S Culture and Communication (This is offered publicly as part of IMPAC's HSR Stage 3: Workplace H&S Culture and Communication)	30266 N/A	3 3	6 4

ELECTIVE MODULES (23 CREDITS)

Please select below the elective courses you intend to complete.

Please note the selected elective courses must have a combined assessed credit value of 23. Students need to select elective courses that will provide them knowledge of legislative requirements and workplace health and safety practices that are appropriate to their general workplace environment and role. You will have the flexibility to amend your selection of options if necessary.

COURSE NAME	UNIT STANDARD	LEVEL	CREDIT
Wellbeing at Work	N/A	3	4
HSR Stage 1: Introduction to the HSR role (Offered as part of HSR Stage 1: Introduction to the HSR role)	29315	3	2
Workplace H&S Incident Investigation (Offered as part of HSR Stage 2: Risk Assessment and Incident Investigation)	17601	4	6
Injury Management	18411	4	6
Workplace Health and Safety Planning	25042	3	4
Preventing and Managing DPI (Discomfort, Pain and Injury)	17591	3	8
Preventing Back Injuries	17592	3	4
Health and Safety Committees	30433	3	2
Job Safety Analysis <small>(Available for inhouse training only)</small>	19522	3	3

ELECTIVE MODULES CONTINUED				
COURSE NAME	UNIT STANDARD	LEVEL	CREDIT	
Energy Isolation <small>(Available for inhouse training only)</small>	25043	3	4	
Asbestos Awareness*	30596	3	2	
Working in Thermal Extremes*	17585	3	4	
Electrical Safety in the Workplace*	17586	3	4	
Permit Receiver*	17588	3	4	
Permit Issuer*	17590	3	6	
Noise and Hearing Conservation*	17594	3	3	
Safety Observer*	17596	3	4	
Confined Space Entry*	18426	3	4	
	17599	4	5	
Working at Heights*	17600	3	3	
Fire & Emergency Warden Duties*	18408	3	3	
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	
Atmospheric Testing*	25510	3	4	
			TOTAL CREDITS:	

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

RECOGNITION OF PRIOR LEARNING

If you would like to apply for recognition of prior learning:

- Please submit your record of learning from NZQA to our administration team with this application; OR
- Please tick the below box giving our administration team permission to access and review your NZQA record of learning.

I GIVE PERMISSION FOR IMPAC TO ACCESS AND REVIEW MY NZQA RECORD OF LEARNING

YES

NO

EMPLOYMENT INFORMATION

ARE YOU CURRENTLY EMPLOYED

YES | NO *(If no please contact training@impac.co.nz to discuss your situation as some training assessment requires application within a workplace.)*

COMPANY NAME:

ATTESTATION TO BE COMPLETED BY MANAGER OR SUPERVISOR:

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:

CONTACT PHONE NUMBER:

CONTACT EMAIL ADDRESS:

ENTRY REQUIREMENTS

I can confirm:

- That I am over the age of sixteen
- Have a functional understanding of English language, literacy and numeracy
- I am able to apply my developing skills and knowledge in a workplace or community, preferably in a role that requires at least some health and safety risk assessment and communication.

YES

NO

STUDENT DECLARATION

I declare to the best of my knowledge all the information supplied on and with this enrolment form is true and complete. I understand that personal information including but not limited to gender, ethnicity and date of birth is shared with NZQA and NSI for statistical and reporting purposes.

APPLICANT SIGNATURE

DATE

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