**RU STAFF APPLICATION: HEALTH & SAFETY REPRESENTATIVE TRAINING 2018**

SHE Office(Safety Health Environment), Alumni House, Lucas Avenue. 046 603 7205

Forms available at [www.ru.ac.za/safety/training](http://www.ru.ac.za/safety/training) **PRINT DOUBLE-SIDED to SAVE PAPER!** NB: HOD/Manager/Supervisor must complete **Section 5**.

Please SEND **TWO** **FULLY COMPLETED FORMS**: **(1) This COURSE** **APPLICATION** **AND (2) HnS Rep APPOINTMENT (DESIGNATION) –** required by OHS Act**\***

at least 1 week before the course starts, to:**safety@ru.ac.za**or deliver to **Alumni House, Lucas Avenue, Rhodes University**

1. **APPLICANT’S PERSONAL & WORK DETAILS**  [please COMPLETE **all** blank fields below – PRINT CLEARLY] [*this info is for RU’s SETA and BBBEE reporting*]

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee****Number** | **First Name** | **Surname** | **Job Title** | **Name of RU****Dept/Div** | **Age / ID**<35 35-55 >55 | **Gender**M/F | **Race**A / I / C / W | **Job Grade** |
|  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please do NOT leave blank. Provide at least one (yours and/or your line manager’s)**email address(es)** | **Building** where you usually work at RU | **RU tel. extension** | **Mobile Cell Number** | **Job Status at RU**Full time / Part time / Temp / Contract |
|  |  |  |  |  |

X

1. **I AM AVAILABLE TO ATTEND on the FOLLOWING DATE(s):**  [please note which course dates **you are** **available** – course dates at [www.ru.ac.za/safety/training](http://www.ru.ac.za/safety/training)]

|  |  |  |
| --- | --- | --- |
| April 18 + 19 | May 16 + 17 | July 11 + 12 |

**INFO ON COURSE:**

|  |
| --- |
| **Health & Safety Rep Course: 2 mornings, 08h30-13h00**. To prepare you for the role of workplace health and safety representative, the following topics are covered: Introduction to Health & Safety (impact of accidents, the Occupational Health and Safety Act, responsibilities of the employer and of the employee, liability); Health and Safety Representatives (their value in the workplace, appointment, functions); Health and Safety Committees (purpose, meetings); Risks and Hazards; Incidents / Accidents (types, investigating, reporting); First Aid (kits, first aiders); Fire Safety (chemistry of fire, fire control, emergency preparedness, procedures in a fire emergency); Promoting Health & Safety (health and safety in practice, management control). The course includes a number of short tests (verbal, written, practical.  |

1. **CONDITIONS OF TRAINING** [please READ carefully]
	1. All RU employees who receive Health & Safety Rep training through their workplace will be listed as Health & Safety Reps at [www.ru.ac.za/safety/hnsreps/rusafetyreps](http://www.ru.ac.za/safety/hnsreps/rusafetyreps). Their responsibilities are detailed in the *Health & Safety Rep* *Appointment Form (Designation)* at [www.ru.ac.za/safety/resources/file/#Designation](http://www.ru.ac.za/safety/resources/file/#Designation)
	2. On successful completion of the course, a Certificate of Attendance is awarded.
	3. RU Health & Safety Reps must conduct workplace health and safety inspections each term and attend health and safety meetings each term.
	4. Ensure they are medically and physically fit to participate in the course, and wear appropriate clothing and non-slip shoes.
	5. Take their identity documents to present to the course facilitator if required.
	6. Attend all the required sessions and participate in all activities associated with the course and (i) Tell the facilitator timeously if they are not coping with the demands of the course (e.g. due to difficulty / personal issues), (ii) Tell the facilitator beforehand if they will be absent (for a valid reason) from a session, or if this is not feasible, notify the facilitator as soon as possible, and (iii) Catch up any work missed before the next session.
	7. Complete any assignments and homework as part of the curriculum of the course.
	8. Return to work if the course is completed before the end of a normal working day, regardless of what the course facilitator may suggest, unless other prior arrangements have been made with their HOD/supervisor/ manager.

PLEASE GO TO PAGE 2.

1. **TRAINING AGREEMENT - to be completed by APPLICANT** [please MARK Yes or No in **all** blanks **\_\_\_\_** below]
	1. **I am available** to attend the training on the **course dates specified** (see 2b on page 1), I agree to diarise the dates and attend the course (if this application is successful): **\_\_\_\_**
	2. **I will check email daily** – or ask my HOD/manager/supervisor to check – to confirm if I have been accepted on the course: **\_\_\_\_**
	3. **I accept the responsibilities** stated in my ***Health & Safety Representative Appointment Form*** *(Designation)* which has been **completed and signed** by me and a 16(2) appointee: **\_\_\_\_**
	4. **I understand** that (i) Rhodes University is paying **R350** so I can attend this course; (ii) this funding has been made available to me as a loan to cover the costs; (iii) if I successfully complete this course, the loan will be converted into a grant so I will not be liable for any costs associated with this course: **\_\_\_\_**
	5. **I understand that I will be liable for repaying 75%** of the loan (see 4.4) IF I am accepted on this course but cancel less than 3 working days before the first day of the course, or I fail to attend, or I fail to complete this course, and that I will be denied access to further development and training at RU for 2 years: **\_\_\_\_**
	6. If I fail to attend the course or fail to meet the terms of this training agreement, I **authorise RU to deduct 75%** of the costs of this course (see 4.5 & 4.6) from my salary, over a period of no more than 10 months, unless otherwise agreed: **\_\_\_\_**
	7. **I intend to continue working at Rhodes University for the foreseeable future**, I intend to fulfil the role of health and safety rep in my workplace, and I understand that my contact details will be made available for this purpose: **\_\_\_\_**
	8. **I declare that the information supplied in this application is correct**: **\_\_\_\_**

**Your Signature**: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . **Date**: . . . . . . . . . . . . . . . . . . .

1. **APPROVAL - to be completed by HOD/LINE MANAGER** [HOD/Manager Name Surname]: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Email: . . . . . . . . . . . . . . . . . . . . . . . . . .

[please COMPLETE **all** blanks below]

* 1. I support this application and release the staff member [Name Surname] . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . for the dates and times specified (see page 1) - failing which my dept/section agrees to pay the full amount in terms of training costs (specified in 4.5) [Y/N]: **\_\_\_\_**
	2. The staff member’s *Health & Safety Representative Appointment Form (Designation)* (attached) has been signed by the VC’s 16(2) appointee who oversees my Faculty/Division [Y/N]: **\_\_\_\_**
	3. Additional comments to support this application [*this* ***will influence*** *whether or not the staff member’s application is approved*): . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**HOD/Manager Signature**: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . **Date**: . . . . . . . . . . . . . . . . . . .

Send ***TWO fully completed forms***: **(1) This COURSE** **APPLICATION** ***AND***

**\*** *Your Appointment is a legal requirement and MUST be signed by your 16(2) Appointee – see* [*www.ru.ac.za/safety/about/162appointees*](http://www.ru.ac.za/safety/about/162appointees)

* *keep the original in your departmental safety file,*
* *send a copy (scanned by email / or photocopy) to SHE Officer,*
* *send a copy (scanned by email / or photocopy) to your HR generalist - for your staff file in Human Resources Division.*

 **(2) H&S REP APPOINTMENT (DESIGNATION) –** required by OHS Act**\***

 at least 1 week before the course start date, **to:** **safety@ru.ac.za**

or deliver to **Alumni House, Lucas Avenue, Rhodes University**

**NB: Applicants should NOT attend UNLESS they have been informed that their application has been approved (please CHECK email regularly)**

NOTE Rhodes University must have Health and Safety Representatives in all areas of campus, in line with the OHS Act. In-house training is provided for designated health and safety reps.

Where space allows, other staff (not currently designated health and safety reps) may also be permitted to attend.