















Reference

Work Health and Safety Commission, 2022, Operating as an approved provider of health and safety representative (HSR) training in Western Australia – facilitator guide: Department of Mines, Industry Regulation and Safety, Western Australia, 18 pp.

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1 Purpose

The requirement for a health and safety representative (HSR) to undertake a course of training is outlined in the *Work Health and Safety Act 2020* (WHS Act). The WHS Act provides the HSR training must be provided through a course of training that is approved by Work Health and Safety Commission (the Commission).

This document sets out the terms and conditions under which the Commission agrees to grant authority to an approved training provider to provide HSR training in Western Australia.

To become an approved training provider for HSR training a provider must be a registered training organisation (RTO) accredited by the Training Accreditation Council (TAC) or the Australian Skills Quality Authority (ASQA).

This document provides details of the specific conditions of the conduct of HSR training and associated administrative procedures to help uphold public and industry confidence in the quality of HSR training in Western Australia.

The Commission may amend, add or revoke any of these conditions without consultation by supplying a written copy of the amended document to the approved training provider or by sending an electronic copy to the most recent email address provided to the Commission.

Failure to conduct HSR training and associated activities in accordance with these conditions, or failure to comply with any reasonable request from the Commission in relation to such training, may result in the suspension or cancellation of the authority to deliver.

2 Becoming an approved training provider

An RTO wishing to become an approved training provider for HSR training in Western Australia is required to submit a completed application form (Appendix 1) along with the required evidence to support the nomination of an individual trainer. The application must be signed by an authorised officer of the RTO and submitted to WHSCommission@dmirs.wa.gov.au.

At least one suitably qualified trainer must be nominated by an RTO at the time of application.

Approval typically takes between 4 and 6 weeks. An RTO may not commence operation as an approved provider until that authority is granted by the Commission.

Authority to deliver HSR training in Western Australia as an approved training provider lasts for three years. Within three months of the end of an authority period an RTO may apply for renewal of its authority. The renewal process is the same as the original approval process.

3 General requirements

An approved provider must comply with all provisions of the WHS Act and WHS Regulations, the terms and conditions of this publication.

An approved provider must utilise the materials provided to deliver the course of training approved by the Commission. Some flexibility in terms of course format, examples, case studies and scheduling is allowable, consistent with the principles of reasonable adjustment, to ensure good learner outcomes.

The Commission reserves the right to suspend or cancel an RTO's authority to deliver at any time, at its discretion. Any decision to do so will be occur after due consideration, and in accordance with the principles of due process and natural justice.

Approved providers accept that the Commission can give 21 days' written notice terminating the authority to deliver HSR training, and upon such notice being given the RTO understands that they must cease all HSR training on or before the specified date.

An approved provider must ensure that its marketing and advertising of the approved HSR training is consistent with the approved course of training.

An approved provider will not infringe copyright, intellectual property rights and moral rights of the owner of and persons having interest in training materials developed for use in the approved HSR course.

The Commission is not liable for any damage or loss caused by an error in course materials supplied to an approved provider by any person acting on behalf of the Commission. An approved provider must advise the regulator in writing to WHSCommission@dmirs.wa.gov.gu gas soon as reasonably practicable of any errors contained within the training materials supplied.

Approved providers must submit to audit by WorkSafe, if directed to do so by the Commission.

An approved provider must have a documented system for the administration of the approved course consistent with the standards required of an RTO.

An approved provider must ensure that all nominated trainers, and others associated with the administration and delivery of the HSR training are provided access to these conditions and abide by them at all times.

An approved provider must have a system for the provision of information and training to approved trainers prior to them delivering any course content to ensure they are familiar with the content. Updates must be provided on the basis of any changes to course content.

Approved providers, including approved trainers and others associated with the administration and delivery of the HSR training, will represent the Commission in a professional manner and promote WorkSafe and the WorkSafe Commissioner in a positive manner.

An approved provider must disclose any real or perceived conflicts of interest as soon as reasonably practicable via email to WHSCommission@dmirs.wa.gov.au.

An approved provider must not collude with a participant or anyone else regarding HSR training outcomes. This includes demanding or accepting bribes, gifts or other inducements of benefits that may directly or indirectly influence or appear to influence the RTO's ability to act impartially. This applies to the approved provider and any other entity associated with the approved provider.

An RTO must ensure that it holds public liability insurance that covers the scope of its operations throughout the duration of its term as an approved training provider.

An RTO granted authority to deliver the HSR training by the Commission is an approved provider in Western Australia only.

4 Nominated trainer criteria

Each application for approval to become an approved provider must be accompanied by the nomination of at least one suitably qualified and experienced trainer for approval by the Commission.

An approved provider must seek approval from the Commission for any additional trainers who will be delivering HSR training. Requests can be made using the form at Appendix 2 and email it to WHSCommission@dmirs.wa.gov.au along with information to support validation of the requirements listed. Notification of approval must be received from the Commission before trainers can undertake any HSR training activities on behalf of the provider.

The provider must ensure trainers delivering the HSR course meet the following requirements:

- (a) a minimum qualification of Certificate IV in Work Health and Safety, or a higher relevant qualification
- (b) a Certificate IV in Training and Assessment, or higher qualification
- (c) a minimum of two years relevant experience in an industrial/workplace relations or work health and safety role
- (d) evidence of qualifications or experience in consultation, negotiation and issue resolution that empowers workers' in a workplace setting
- (e) relevant experience in delivering training in an adult learning environment

Trainers must conduct themselves diligently, efficiently, honestly, impartially and with integrity.

5 Training

An approved provider must only use the approved training package as provided by the Commission.

The provider must utilise the approved materials in the delivery of the HSR course. Some flexibility in terms of course format, examples, case studies and scheduling is allowable, consistent with the principles of reasonable adjustment, to ensure good learner outcomes.

If an approved provider alters the delivery of the material in the training package to suit the particular needs of participant cohorts it must ensure that the training package in its entirety is delivered over the course of the training.

All training must be conducted in a face-to-face setting unless with the express consent of the Commission.

All training course components must be completed within six months of commencement.

An approved provider must provide trainers with all relevant documentation including trainer notes, and presentation materials.

An approved provider must provide:

- (a) educational and support services to meet the needs of the learner cohort/s undertaking the training
- (b) learning resources to enable learners to understand and retain course content, and which are accessible to the learner regardless of location or mode of delivery
- (c) facilities, and equipment to accommodate and support the number of participants undertaking the training and knowledge evaluation

An approved provider must ensure that all training facilities and equipment enable the effective delivery of the approved course and the training environment is safe without risk to health.

Each participant is to be provided with information on how to access copies of the WHS Act and WHS Regulations.

An approved provider must sight and verify evidence of the participant's identity prior to commencing training.

There is no formal assessment for the HSR training course, but the facilitator must make a decision about engagement and the achievement of learning outcomes for each individual participant. Participants must have obtained an appropriate level of understanding of the knowledge and skills necessary to perform the role of an HSR before they are deemed to have completed the HSR training course.

An anonymous course feedback form must be provided to each participant following the completion of the training course.

6 Post training administration

Each successful participant must be issued with a certificate of attendance

The certificate must contain the following information:

- (a) the name of the approved HSR trainer
- (b) the participants full name, as per the registration details
- (c) all date/s of training
- (d) the provider name
- (e) the signature of an authorised person for the provider
- (f) the date of issue
- (g) a statement that the course and the provider is approved by the Work Health and safety Commission to deliver HSR training in Western Australia

Data for annual reporting purposes must be collated.

7 Record keeping

All records must be maintained in English.

The provider must not make false or misleading declarations in their dealings including falsifying any information, participant responses or issuing a certificate of attendance to a participant who did not successfully complete training.

An approved provider must maintain the participant records for a minimum of seven years for inspection by WorkSafe, on behalf of the Commission, if requested (electronic records are sufficient). This should include, but is not necessarily limited to;

- (a) records of all course training dates
- (b) participant enrolment or registration forms
- (c) records of attendance for each day of training
- (d) records of all certificates of attendance issued
- (e) participant training and feedback forms, and responses to complaints

In the event that training records are lost, stolen, destroyed or damaged the provider must advise the Commission in writing via WHSCommission@dmirs.wa.gov.au within 14 days with details of what has occurred and what specific records were affected.

The provider must retain appropriate records and evidence on file for each trainer engaged to deliver the HSR course. Records and evidence should be consistent with the requirements of the criteria for a nominated trainer

8 Annual reporting

The Commission requires each approved provider to submit an annual report. The report will be about the delivery of courses for the preceding year, ending on 30 June. The first annual report may cover only part of the twelve-month period because a course may be accredited in any month.

The information given in the annual report provides a profile of HSR participation by industry and occupation.

The information required in the annual report is to be collected from course participants. A template for the Annual report is provided at Appendix 3. An optional form is provided at Appendix 4 which may assist an approved provider with collecting the required data from HSR training course participants.

The annual report should be submitted before 31 July of each year, via the email address WHSCommission@dmirs.wa.gov.au.

9 Audits

WorkSafe may, at the request of the Commission, conduct an audit on an approved provider to confirm compliance with the conditions of delivery. This may include;

- (a) WorkSafe attendance at training sessions to ensure the course continues to meet these guidelines and criteria
- (b) desktop audits
- (c) discussing training activities with trainers and participants
- (d) reviewing trainer qualifications as listed
- (e) any other activity deemed necessary by the Commission to ensure compliance is maintained with these guidelines and criteria

The approved provider will provide all reasonable assistance to the Commission during audit and upon request.

The approved provider will supply all documents to the Commission upon request within the specified timeframe.

The Commission will confirm the outcome of any audit in writing within 14 days.

The approved provider must supply rectification evidence for any non-compliance identified by the WorkSafe within 14 days by emailing WHSCommission@dmirs.wa.gov.au.

10 Complaints process

The approved provider must have a complaints policy to manage and respond to allegations involving the conduct of the provider, its nominated trainers or other staff.

The approved provider must:

- (a) securely maintain records of all complaints and their outcomes
- (b) identify potential causes of complaints and take appropriate corrective action to eliminate or mitigate the likelihood of reoccurrence
- (c) provide information about such feedback and complaints to the Commission if requested to do so.

11 Enforcement procedures

In the event of an approved provider's ongoing non-compliance with these guidelines and criteria the Commission reserves the right to suspend or cancel an RTO's authority to deliver at any time. Any decision to do so will be occur after due consideration, and in accordance with the principles of due process and natural justice.

A non-compliance may include, but is not necessarily limited to;

- (a) a failure to comply with the legislative requirements as a PCBU
- (b) a failure to comply with any part of these guidelines and criteria
- (c) a failure to comply or respond to any reasonable request by the Commission
- (d) in dealing with the Commission the approved provider knowingly gave or maintained information that was false or misleading in a material way
- (e) any other issue which impacts the approved provider's ability to uphold public and industry confidence in the quality of HSR training in Western Australia

Approved providers accept that the Commission can give 21 days' written notice terminating the authority to deliver HSR training, and upon such notice being given the RTO understands that they must cease all HSR training on or before the specified date.

The approved provider or trainer may be offered the opportunity to provide the Commission, at its absolute discretion, with further information in the 21 day notice period before the approval is suspended or cancelled.

12 Renewal of approval

Renewal of the authority to deliver HSR training as an approved training provider is not automatic.

Within three months of the end of an authority period an RTO may apply for renewal of its approval. The renewal process is the same as the original approval process.

If an approved provider's authority to deliver expires prior to the renewal of that authority the RTO may not continue the delivery of HSR training unless expressly approved by the Commission to do so.

Appendix 1 Application to become an approved provider

This form is used to apply for approval to deliver HSR training in Western Australia.

Type of application: New Renewal	
Training provider organisation detail	
Business name	
ABN/ACN	
Trading name	
RTO number Registration expiry date	
Training provider organisation detail	
Business address	
Town/suburb State Pos	stcode
Is your postal address the same as above? If not complete below.	No
Postal address	
Town/suburb State Pos	stcode
Work number Mobile number	
Email address	
Website address	
Authorised officer details	
Name	
Position	
Work number Mobile number	
Email address	

Nominated trainer details

A nominated trainer is a person employed by, contracted to, partnered with or affiliated with the applicant training provider and who will deliver HSR training if approved by the Work Health and Safety Commission.

Nominated trainers are required to declare any work health and safety disciplinary proceedings in any State or Territory i.e. suspensions, cancellations and court related matters.

The applicant training provider is required to provide details of at least one nominated trainer with this application.

The applicant training provider must gain Work Health and Safety Commission approval for any additional nominated trainer(s) prior to delivery of HSR training in the Western Australia.

The applicant training provider must attach certified copies of each nominated trainer's formal qualifications as well as certified evidence of identity for each trainer containing a photo, current address, signature and date of birth.

The applicant training provider must attach details of each nominated trainer's previous work experience to demonstrate compliance with the trainer qualifications in the guidelines and criteria.

Name			
Date of birth Contact	et number		
Postal address			
Town/suburb	State Postcode		
Email address			
Nominated trainer declaration			
The information in this application and documentation submitted are true and correct to the best of my knowledge.			
I will comply with the ongoing obligations of approval as defined by the conditions of approval.			
I consent to the Work Health and Safety Commission making enquiries and exchanging information with work health and safety regulators in other States, Territories or the Commonwealth regarding any matter relevant to this application.			
Nominated trainer signature	Date		

Authorised officers acceptance of approval condition				
Have you read, and can your training organisation meet the conditions of approval?				
Do you agree to comply with the ongoing obligations as defined by the guidelines and criteria?				
Do you consent to your training provider name and office contact details being listed on the approved training provider public register on the WorkSafe website?				
Have each of your nominated trainers completed the nominated trainer declaration?				
Does each nominated trainer meet the requirements detailed in the guide?				
Have you attached certified copies of each nominated trainer's formal qualifications and evidence of identity, as well as details of their work experience?				
Do you acknowledge that any breach of the conditions of approval may result in the suspension or cancellation of Work Health and Safety Commission approval to deliver HSR training?				
Authorised officers declaration				
As authorised officer(s) I/we declare:				
I have authority from the approved training provider to complete and submit this notification.				
The information in this notification and documentation submitted are true and correct to the best of my knowledge.				
I consent to the Work Health and Safety Commission making enquiries and exchanging information with work health and safety regulators in other States, Territories or the Commonwealth regarding any matter relevant to this application.				
Name of authorised officer				
Position				
Signature Date				
Checklist				
Application form completed and declaration signed				
Read and understood the information and requirements contained in the guidelines and criteria				
At least one trainer nominated and ensured each nominated trainer reads and signs the declaration in the nominated trainer details section of the application form				
Attached certified copies of each nominated trainer's formal qualifications and evidence of identity				
Attached details of each nominated trainer's relevant work experience				
Authorised officer(s) completed the acceptance of approval conditions and declaration				
Make a copy of your full application (and all attachments) for your records				
Lodgement				
Complete notifications must be lodged via email to <u>WHSCommission@dmirs.wa.gov.au</u>				

Appendix 2 Additional nominated trainer

Business name	e						
ABN/ACN							
Trading name							
RTO number				Regist	ration expiry	date	
Nominated tr	ainer details						
A nominated tr applicant traini Safety Commis	ng provider and						
Nominated trai							oceedings in
The applicant t		er is required	to provid	de details	of at least or	ne nominated	I trainer with
The applicant t							
The applicant t qualifications a address, signa	as well as certif	fied evidence					
The applicant t experience to c criteria.							
Name							
Date of birth		(Contact	number			
Postal address				L			
Town/suburb				State		Postcode	
Email address							
Nominated tr	ainer declara	tion					
The informatio of my knowled		ation and doo	cumenta	ation subn	nitted are tru	e and correc	t to the best
I will comply w	ith the ongoing	obligations (of appro	val as def	ined by the c	onditions of	approval.
I consent to the information wir Commonwealt	th work health	and safety re	gulators	in other S	States, Territ		ng

Authorised officers acceptance of approval condition				
Have each of your nominated trainers completed the nominated trainer declaration?				
Does each nominated trainer meet the requirements detailed in the guide?				
Have you attached certified copies of each nominated trainer's formal qualifications and evidence of identity, as well as details of their work experience?				
Authorised officers declaration				
As authorised officer(s) I/we declare:				
I have authority from the approved training provider to complete and submit this notification.				
The information in this notification and documentation submitted are true and correct to the best of my knowledge.				
I consent to the Work Health and Safety Commission making enquiries and exchanging information with work health and safety regulators in other States, Territories or the Commonwealth regarding any matter relevant to this application.				
Name of authorised officer				
Position				
Signature Date				
Checklist				
Application form completed and declaration signed				
Attached certified copies of each nominated trainer's formal qualifications and evidence of identity				
Attached details of each nominated trainer's relevant work experience				
Authorised officer(s) completed the acceptance of approval conditions and declaration				
Make a copy of your full application (and all attachments) for your records				
Lodgement				
Complete notifications must be lodged via email to <u>WHSCommission@dmirs.wa.gov.au</u>				

Appendix 3 Annual report template

I. Name of approved p	provider	
2. Name of accredited	course	
3. Target group(s)		
4. Period covered by th	nis report: From	to
5. How many HSRs we	ere trained in the period cover	red by this report?
6. Number of people tr	rained, by gender:	emale Male Non-binary
	 P	refer not to disclose or not previously listed
7. Number of people tr		
15-19	20-24	25-29
30-34	35-39	40-44
45-49	50-54	55-59
60-64	65+	
		Estaving industry contare?
-	ere trained, from each of the f	
Industry		Number
Accommodation a		
Administrative and	· ·	
Agriculture, forestr	<u>-</u>	
Arts and recreation	nal services	
Construction		
Education and train	ning	
	ter and waste services	
Electricity, gas, wat		
Electricity, gas, wat Financial and insur		
, ,	rance services	
Financial and insur Health care and so	rance services	

Industry	Number
Mining – onshore	
NOPSEMA	
Other services	
Professional, scientific and technical services	
Public administration and safety	
Rental, hiring and real estate services	
Retail trade	
Seafarers	
Transport, postal and warehousing	
Wholesale trade	
Not stated	
Total	

9. How many HSRs were trained, in each of the following occupational categories?

Occupation category	Number
Managers and Administrators Including School Principals, Directors, Mine Managers, Farm Managers, Managing Supervisors, Commissioned Police Officers, Chief Executives, Trade Union Secretaries	
Professionals Including Chemists, Teachers, Architects, Accountants, Engineers, Registered Nurses, Geologists, Metallurgists, Journalists, Actors, Librarians, Public, Relations Officers	
Para-Professionals Including Technicians, Police Officers, Ships Captains, Welfare Officers, Safety Inspectors, Prison Officers	
Tradespersons Including Fitters, Welders, Tilers, Hairdressers, Chefs, Tailors, Mechanics, Gardeners, Apprentices	
Clerks Including Typists, Secretaries, Messengers, Computer Operators, Bookkeepers, Telephonists, Teachers Aids, Law Clerks	
Salespersons and Personal Service Workers Including Travel Agents, Enrolled Nurses, Dental Nurses, Waiters, Insurance Brokers, Sales Representatives, Tellers, Cashiers, Beauty Therapists	
Plant and Machine Operators Including Bus Drivers, Forklift Drivers, Crane Operators, Press Operators, Processing Machine Operators, Treatment Plant Operators, Mining Equipment Operators	

Occupation category	Number
Labourers and Related Workers	
Including Trades Assistants, Factory Hands, Cleaners, Farm Hands, Meat Packers, Process Workers, Scaffolders, Riggers, Security Officers, Fishing Workers, Deckhands, Labourers, Miners	
Not stated	
Total	

10. Of the HSRs trained, how many are from metropolitan or from non-metropolitan regions in the period covered in this report?

Regional area	Number
Metropolitan	
Non-metropolitan	
Not stated	
Total	

11. How many courses were conducted in the following regions in the period covered in this report?

Regional area	Number
Metropolitan	
Non-metropolitan	
Other	
Total	

Appendix 4 Participant data collection

1. Name
2. Occupation
3. Please tick the category, which best describes the industry of your employer.
Accommodation and food services
Agriculture, forestry and fishing
Arts and recreational services
Construction
Education and training
Electricity, gas, water and waste services
Financial and insurance services
Health care and social assistance
Information media and telecommunications
Manufacturing
Mining - Onshore
Professional, scientific and technical services
Public administration and safety
Administrative and support services
Other services
Rental, hiring and real estate services
Retail trade
Transport, postal and warehousing
Wholesale trade
NOPSEMA
Seafarers

4. Please tick the occupational category in which you work.				
Managers and Administrators				
Including School Principals, Directors, Mine Managers, Farm, Managers, Managing Supervisors, Commissioned Police Officers, Chief Executives, Trade Union Secretaries				
Professionals				
Including Chemists, Teachers, Architects, Accountants, Engineers, Geologists, Metallurgists, Journalists, Actors, Librarians, Public Relations Officers, Registered Nurses				
Para-Professionals				
Including Technicians, Police Officers, Ships Captains, Welfare Officers, Safety Inspectors, Prison Officers				
Tradespersons				
Including Fitters, Welders, Tilers, Hairdressers, Chefs, Tailors, Mechanics, Gardeners, Apprentices				
Clerks				
Including Typist, Secretaries, Messengers, Computer Operators, Bookkeepers, Telephonists, Teachers Aids, Law Clerks				
Salespersons and Personal Service Workers				
Including Travel Agents, Enrolled Nurses, Dental Nurses, Waiters, Insurance Brokers, Sales Representatives, Tellers, Cashiers, Beauty Therapists				
Plant and Machine Operators				
Including Bus Drivers, Forklift Drivers, Crane Operators, Press Operators, Processing Machine Operators, Treatment Plant Operators, Mining Equipment Operators				
Labourers and Related Workers				
Including Trades Assistants, Factory Hands and Cleaners, Farm Hands, Meat Packers, Process Workers, Scaffolders, Riggers, Security Officers, Fishing Workers, Deckhands, Labourers, Miners				
Other / not stated				
5. Where do you usually work (in your current job)? Metropolitan Non-metropolitan				
6. Please tick your age group				
15-19 20-24 25-29 30-34 35-39				
40-44 45-49 50-54 55-59 60-64				
65+				
7. Your gender				
Female Male Non-binary				
Prefer not to disclose				
Prefer not to disclose				



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