**Occupational Health and Safety**

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ,

*(full name – please print)*

have received and read the ***Occupational Health and Safety Policy insert policy number*** *(insert month/year; version number);* and I fully understand my OHS responsibilities as a Staff Member, Volunteer, Trainer/Assessor/Independent Contractor under the OHS Act 2004.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Signature) (Date)*