Forestry Occupational Health & Safety Leadership

Accreditation Candidate Application – **Sawmill & Silviculture**

FORESTRY OHS Leadership accreditation

See the Application Help-sheet for information on completing this application.
Further assistance is available by contacting the Consultant Trainer in your area or by calling OFSWA at (705) 474-7233, ext. 291.

Candidate Information *(please print)*			
			Currently employed by member firm?
Surname	First Name	Initial	☐ Yes ☐ No

Company Information *(if applicable)*		
		Rate Group: ☐ 033 Sawmill ☐ 033 Silviculture
Firm Name	Firm Number	Employer Sponsor letter attached? ☐ Yes ☐ No
Firm's Complete Mailing Address (Mail Delivery)		
Firm's Complete Location Address (Parcel Delivery)		
Phone Number (area code + 7 digits)	Fax Number (area code + 7 digits)	E-mail Address

Additional Candidate Information		
Candidate's Home Address		
Phone Number (area code + 7 digits)	Fax Number (area code + 7 digits)	E-mail Address

Request for Pre-Qualification Health & Safety Leadership Phase

Below, check off courses for which you are seeking pre-qualification.	Date Completed (month/year)	Name of company and workplace location at time of training
Common Courses:		
☐ 352 -OHS Act & Regs for Industrial Establishments		
☐ 370 -Mobile Machine Safety Training		
☐ 345 -Incident Investigation		
☐ 359 -Machine Guarding		
☐ 353 -Planned Workplace Inspection & Hazard Recognition		
☐ 373 - WHMIS		
☐ 383 -JHSC Certification: Part Two WSHT		

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Request for Pre-Qualification Health & Safety Leadership Phase *(Continued from previous page)*		
Below, check off courses for which you are seeking pre-qualification.	**Date Completed (mm/yy)**	**Name of company and workplace location at time of training**
Sector-Specific Courses		
☐ **347 -Lockout/Tagout** *(Sawmill only)*		
☐ **380 -Ergonomic Injury Prevention** *(Sawmill only)*		
☐ **Safeplanting.com** *(Silviculture only)*		

Request for Equivalency for OHS and/or Performance Management Leadership Modules *(Includes those listed above and Leadership Roles & Styles; Communication Skills; Conflict Resolution; Developing Effective Teams; Performance Management; Planning and Time Management)*			
Course Name	**Who provided and delivered course?**	**Length of Course**	**Date Completed (mm/yy)**

I submit that the information provided in this application and any supporting documentation is accurate and truthful. I understand the requirements for accreditation and I have read the Accreditation Code of Standards (see Accreditation Handbook) and hereby agree to comply.

Signature

Date

Please return applications to:
Ontario Forestry Safe Workplace Association
Box 2050 Station Main, 690 McKeown Avenue
North Bay, ON P1B 9P1 Fax: (705) 474-4530

For further information, contact the OFSWA Consultant Trainer in your district or contact:
(705) 474-7233, ext. 291

OFSWA Ontario Forestry Safe Workplace Association