

Forestry Occupational Health & Safety Leadership

Accreditation Candidate Application – Veneer / Plywood



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)			
Surname	First Name	Initial	Currently employed by member firm? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Information (if applicable)			
Firm Name	Firm Number	Rate Group: <input type="checkbox"/> 036 Veneer/Plywood	Employer Sponsor letter attached? <input type="checkbox"/> Yes <input type="checkbox"/> 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:			
<input type="checkbox"/> 352 -OHS Act & Regs for Industrial Establishments			
<input type="checkbox"/> 370 -Mobile Machine Lockout Safety Training			
<input type="checkbox"/> 345 -Incident Investigation			
<input type="checkbox"/> 359 -Machine Guarding			
<input type="checkbox"/> 353 -Planned Workplace Inspection & Hazard Recognition			
<input type="checkbox"/> 373 -WHMIS			
<input type="checkbox"/> 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:		
<input type="checkbox"/> 347 -Lockout/Tagout		
<input type="checkbox"/> 380 –Ergonomic Injury Prevention		

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:
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