OH & S Starter Kit

Order form

Signature:

ARCHITEAM

ArchiTeam Cooperative Limited
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North Melbourne, Victoria 3051
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Personal Details	
First Name:	Last name:
Practice Name:	AT Number
Postal Address:	StatePostcode
Email:	Mobile:
Fax:	
To help comply with changes to OH&S rules practices need	to have an OH&S policy in place, as well as an OH&S manual.
 General OHS Policy OHS Training Policy First Aid Policy Fire Safety Policy 	Accident Incident Near Hit Report Accident Incident Near Hit Investigation Emergency Response Management Record and more
Normally the cost for these OH&S essentials is in excess of \$ Terms & Conditions	\$1500 + GS1. Our price: \$220 (inci GS1) per practice.
registrar to ensure compliance I accept the Terms and Conditions of purchasing the Occ Applicant Signature:	liance with OH+S requirements of any given government department. Please consult with your OH+S ecupational Health & Safety kit Print Applicants Name:
	Date:
Payment	
O Cheque My cheque for \$220 made payable to ArchiTeam Cooperative	ve is attached.
O EFT (Electronic Funds Transfer)	
I have deposited \$220 into the following ArchiTeam Coopera	ative account:
Account name: ArchiTeam Co-operative Ltd BSB: 033-057 (Westpac) Account number: 134430 Payment ID: "OHS" plus first 6 letters of Surname (Eg: OHS.	SJOHNST)
O Credit Card	
Please charge my card for the amount of \$220	
☐ Mastercard ☐ VISA	
Card number:	Expiry date:
Name on card:	