

Instructor Registration Form

A copy of this form must be completed and signed by *each* instructor who will be teaching WorkSafe courses in the organization. **The partner is responsible for ensuring a copy of this form is forwarded to WorkSafeBC-Certification Services, and for maintaining a copy of this form and all supporting documentation for each instructor on file available for an audit.**

Instructor Name: _____ **Phone #:** _____
e-mail: _____
Address: _____
WorkSafe Partner: _____ **Phone #:** _____

Instructor: Please confirm training and experience by completing Sections 1 and 2 of this application. **It is expected the WorkSafe Partner will have documentation on file to support this application.**

As a worksafe instructor the following knowledge, skills and abilities are required:

- Prepare lesson plans
- Use simple techniques to evaluate learning
- Describe techniques to enhance learning
- Conduct highly participatory classroom lessons
- Use basic instructional media
- Use effective questioning techniques
- Give objective behavioural feedback
- Reflect and integrate new learning
- Workplace experience as a Joint Committee member
- Expertise in the content of the worksafe course to be taught

Section 1 – specify and provide confirmation

I have demonstrated the above competencies as relating to Occupational Health & Safety through at least one of the following criteria (please indicate all that apply):

<p>1(a) <input type="checkbox"/> I have successfully completed the *BC Provincial Instructor Diploma Program</p> <p style="text-align: center;">OR</p>		
<p>1(b) <input type="checkbox"/> I have successfully completed the Vancouver Community College *Train the Trainer certificate</p> <p style="text-align: center;">OR</p>		
<p>1(c) <input type="checkbox"/> I have successfully completed the following course that allowed me to achieve the knowledge, skills, and abilities as listed above</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%; border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">Name of *course/certificate/diploma/degree</td> <td style="width: 50%; border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">Issuing institution</td> </tr> </table> <p style="text-align: center;">OR</p>	Name of *course/certificate/diploma/degree	Issuing institution
Name of *course/certificate/diploma/degree	Issuing institution	
<p>1(d) <input type="checkbox"/> I have extensive previous training experience. The WorkSafe partner I will be instructing for can attest (Worksafe Partner to complete the statement below) that I have demonstrated the knowledge, skills, and abilities required and have documentation* on file to confirm my competency:</p> <p style="margin-left: 20px;">I attest that:</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 60px;">(Instructors name – please print)</p> <p style="margin-left: 20px;">has demonstrated the required knowledge, skills and abilities required to be a Worksafe instructor. If you are the instructor and also the WorkSafe Partner please do not sign below.</p> <p style="margin-left: 40px;">_____</p> <p style="margin-left: 60px;">(WorkSafe Partner’s Signature)</p>		

*The worksafe partner will have copies of the program diploma or certificate from Vancouver Community College or a copy of the transcript and course outline from the issuing institution, or a copy of the degree/diploma/certificate applicable or, adequate documentation to confirm competency on file. **If you are the instructor and the WorkSafe Partner please send in a copy of your degree/diploma/certificate for our files.**

In addition to the above instructional training, the following confirms my experience working in the health and safety field:

Section 2

I confirm I have:

- **A minimum of three years' work experience, which includes a minimum of:**
 - One year in occupational safety, hygiene, or ergonomics (e.g., as a safety or hygiene professional), *AND*
 - One year of specific experience relevant to the subject matter of the course (e.g., supervisory or safety committee experience and expertise in lockout, musculoskeletal injury prevention, or workplace violence prevention)
- **A minimum of one year's experience as an instructor/ trainer, which includes experience in providing health and safety training**

I confirm that the information about my instructional qualifications and health & safety related work experience on this form is true.

(Instructors signature)

(Instructors name – please print)

(date)