

# SAFETY HOUSE, INC.

4166 Diego St., Purok #4 Mapulang Lupa, Valenzuela City, 1440 www.safetyhouseinc.com.ph Contact Nos: +632 89848674 OSH Training Organization DOLE Accreditation No: 1030-072222-0024

Seminar Title	TRAINING THE TRAINERS	
Duration	5 days (8 hours per day) 40 hours training	
Date	October 28-30, 2024	
Venue	Online Training via ZOOM	
Seminar Fee	P2500 (Two Thousand Five Hundred) plus 12% VAT per participant	
	Note: Please disregard the 12% VAT if your BIR registration is Zero- Rated VAT. Also, please furnish us a copy of your BIR Form No. 2303 or any document that will prove exemption from VAT.	
Course Content	ntent Module 1 - Fundamentals of Training Module 2 - Training Needs Analysis Module 3 - Considerations for Training Design Module 4 - Lesson Plan Development 1	
	Module 5 - Conducting the Training	
Notes	<ul> <li>Training is one of the best tools needed to improve safety performance of workers. And one of the functions of an OSH Practitioners, Safety Engineer and Supervisors is to teach and develop the capabilities of workers.</li> <li>Our aim therefore is to develop these people and equip them the necessary knowledge and skills and become effective trainers.</li> <li>After this training, participants will be able to effectively assess training needs analysis and to design, conduct and evaluate appropriate safety training courses that will be beneficial to their organization.</li> </ul>	
Training Requirements & Guidelines	<ol> <li>We will be using ZOOM CLOUD MEETINGS for our online training</li> <li>A stable internet connection with a minimum internet speed of 5MBPS.</li> <li>Either a laptop or desktop with webcam.</li> <li>The whole training session will be recorded.</li> <li>Participants are not allowed to turn off their camera during training sessions.</li> <li>Please wear a proper attire during training</li> </ol>	



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#### **Reservation Form**

### Seminar Title & Date : Training the Trainers – October 28-30, 2024

Participants Information:	Company Information:
Surname:	Company:
First Name:	Company Address:
Middle Name:	Region:
Suffix:	Industry:
Age	Total Number of Workers:
Designation:	Company E-mail:
E-mail	Company Landline/Mobile:

(PLEASE BE ADVISED THAT THE DETAILS ABOVE ARE NEEDED FOR COMPLETION OF REPORT AT OSH CENTER)

#### Please check your preference:

Mode of Payment \_\_\_\_ GCASH \_\_\_\_\_Bank Transfer \_\_\_\_\_Bank Deposit

For reservation, please contact Ms. Rona Lacsa, Jeff or Tina Catala at the above telephone numbers or simply fill in the Reservation Form and send it back to us via email. PLEASE MAKE CHECK PAYABLE TO SAFETY HOUSE, INC.

You can deposit your payment to our:

Metrobank Account:

Account Name: Safety House, Inc.

Account Number: 387-7-38700613-0

GCASH

Number: 0917-803-2619

Name: JEFFERSON M. CATALA