

Presented by the Chesapeake Region Safety Council:



Safety Training Methods

When:

February 13-17, 2012

Class begins at 12:00pm on
Monday, February 13, 2012

Where:

Chesapeake Region Safety Council

17 Governor's Court
Baltimore, MD 21244

Whether you're coordinating training development, purchasing materials from vendors, contracting with trainers, or conducting training yourself -- you'll find this course valuable.

During the training, you will:

Plan and design a training program applicable to your work environment.

Learn strategies and methods that address adult learning needs.

Complete a training needs analysis.

Identify training and non-training solutions for safety and health case studies.

Calculate direct and indirect training costs.

Discuss safety and health training issues with other safety professionals.

Course Fee:

Member \$1,195 Non Member \$1,550

4 days

3.0 NSC CEUs/3.0 COCs/4.5 IH CMs (Approval #03-2811)

Safety Training Methods is a 4.5 day (30 hours) course that focuses on the knowledge and skills required to assess your training needs, as well as plan, organize, create, and deliver performance-based safety and health training programs. While emphasis is on developing and delivering instructor-lead/classroom training, you'll become acquainted with other instructional methods and media used to effectively train employees on safety and health issues.

Training goals Upon completion of this course, you'll be able to:

- Improve the safety performance of your workforce.
- Make educated decisions about the safety and health training needs of your workforce
- Analysis, performance objectives, instructional strategy and methods, content, media, delivery, evaluation, and costs.

Four Ways to Register

Safety Training Methods - February 13-17, 2012 - Baltimore, MD

1. Mail This Form 2. Fax 410-281-1350 3. 1-800-875-4770 4. Register online at www.chesapeakesc.org

Send this form and payment to: **Chesapeake Region Safety Council, 17 Governors Court, Baltimore, MD 21244**

Registrant(s) _____ Company _____
_____ Company Contact _____

Office Use Only # 4370

Title _____

E-mail _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

CRSC / NSC Member? Yes, member # _____ No _____

Please indicate payment method

Check Enclosed Please Invoice PO # _____

Mastercard Visa American Express Discover

Card # _____ CID # _____

Exp. Date _____ Name on Card _____

Make checks payable to: **Chesapeake Region Safety Council**