

Awareness Activity Information			
Entity Name:			
SRA Name:			
Type of Awareness Activity:	<input type="checkbox"/> Event	<input type="checkbox"/> Media Activiy	<input type="checkbox"/> OSH Publication
			<input type="checkbox"/> Safety Alert
Start Date of Awareness Activity:	--/ -- / ----	Intended End Date:	--/ -- / ----
Contact Person Name:		Phone Number:	
Contact Persons Role:		Email Address:	
Entity Undertaking Awareness Activity:	<input type="checkbox"/> Sector Regulatory Authority		<input type="checkbox"/> Government Entity
OSHAD Participation, Involvement, Assistance Requested:	<input type="checkbox"/> No <input type="checkbox"/> Yes →	Details:	
Description of Activity:	Details:		
Awareness Activity Materials Attached (soft or hard copy), if applicable: <small>(eg. Program of Workshop, Presentation Slides, Media Releases / Brochures / Posters /etc)</small>	<input type="checkbox"/> Attached →	Details:	
	<input type="checkbox"/> Not Applicable		
Intended Audience: <small>(eg. Sector Entities, Media, General Community, Employers, Contractors, etc)</small>			
Opportunity to Coordinate with other Stakeholders?	<input type="checkbox"/> Yes →	<input type="checkbox"/> OSHAD	
	<input type="checkbox"/> No	<input type="checkbox"/> Other SRA's	
		<input type="checkbox"/> Government Departments	
		<input type="checkbox"/> Other Relevant Authorities	
Does the Awareness Material Intend to refer to the OSHAD -SF/ OSHAD or display the OSHAD Logo?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other Relevant Information:			

**OSHAD Official Use**

- Awareness Activity Approved as Submitted
- Modifications Required (Resubmittal Required)

Details of Modifications Required:

**Competent Authority Stamp****Reviewed by:**

Name:

Signature:

Date: (DD/MM/YYYY)