

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
ADPHC 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"/> ADPHC	
	<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 ADOSH-SF/ ADPHC or display the ADPHC Logo?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other Relevant Information:			

ADPHC Official Use	
<input type="checkbox"/> Awareness Activity Approved as Submitted <input type="checkbox"/> Modifications Required (Resubmittal Required)	
Details of Modifications Required:	
Competent Authority Stamp	Reviewed by:
	Name:
	Signature:
	Date: (DD/MM/YYYY)