



IATSE TRAINING TRUST FUND

SAFETY FIRST!

ONLINE COURSES

- Introduction to Basic Entertainment Safety
- Biological Hazards
- Hazard Communication: Workplace Chemicals
- Chemical Protection
- Electrical Safety
- Fall Prevention and Protection
- Mobile Elevating Work Platforms
- Scaffold Safety
- Ergonomics
- Noise Exposure
- Confined Space/Small Space Awareness
- Firearms Safety
- Hand and Portable Power Tools
- Compressed Gases
- Rigging Safety
- Welding and Cutting
- Hazard Identification and Safety in the Work Environment
- COVID-19: Recommended Guidelines for Preventing Exposure in the Workplace
- Recommended Sanitation Practices for Make-up and Hair

www.iatsetrainingtrust.org/safetyfirst



IATSE TTF SAFETY FIRST! ONLINE COURSES APPLICATION

You must be an IATSE TTF Beneficiary to be eligible for this program. A TTF Beneficiary is an individual who is an active IATSE member or is working under an IATSE agreement. You will receive a confirmation email with your credentials once we've confirmed your eligibility for TTF benefits.

Email your application to onlinecourses@iatsetrainingtrust.org.

GENERAL INFORMATION					
LAST NAME	FIRST NAME	DATE OF BIRTH		MM/DD/YY	
MAILING ADDRESS		STREET ADDRESS	CITY	STATE	ZIP CODE COUNTRY
EMAIL			PHONE		
JOB INFORMATION					
IATSE UNION MEMBER		<input type="radio"/> YES <input type="radio"/> NO		NON-MEMBER WORKING UNDER IATSE AGREEMENT <input type="radio"/> YES <input type="radio"/> NO	
IATSE LOCAL #		PRIMARY JOB CLASSIFICATION			
LINKEDIN LEARNING SUBSCRIPTION			NEWSLETTER SUBSCRIPTION		
<input type="radio"/> CHECK HERE FOR A FREE LINKEDIN LEARNING SUBSCRIPTION			<input type="radio"/> CHECK HERE TO SUBSCRIBE TO THE IATSE TTF NEWSLETTER		
CERTIFICATION					
<p><i>I certify that the information on this form is true and complete to the best of my knowledge. If asked, I agree to provide substantiation of the information I have given on this form. I agree and understand that the IATSE Training Trust Fund will share my name and contact information with my local union and employer to verify my eligibility, enrollment status, and course completion. I also understand that the IATSE TTF will share my name, email address, and other personally identifiable information on this application with the LMS manager, so they can email me my credentials.</i></p>					
APPLICANT SIGNATURE			TODAY'S DATE		

These policies are subject to change at any time by the trustees. The application and/or interpretation of these policies shall at all times be subject to the discretion of the trustees, to the fullest extent permitted by law.

IATSE TTF USE ONLY ELIGIBLE INELIGIBLE CONFIRMED ACCESS DATE