



2009 Course Application

Please complete all sections of the form and sign before returning. Please use **BLOCK** letters and print clearly as these details will be used to prepare your certificate and send pre-course information.

SECTION 1: Course Details – please tick or rank which course/s you would like to apply for.

Govt etc rate applies to WA Department of Health staff and associated emergency response partners (i.e. government organisations, SJA, FESA, WAPOL, volunteers, private hospitals). If you are unsure of which category you are in please contact the TDO (contact details at bottom).

Course	Course Dates	Course Location	Application Closure Dates	Govt Rate (inc GST)	Others Rate (inc GST)
MIMMS Advanced	10-12 Mar	Perth	10 Jan	<input type="checkbox"/> \$649	<input type="checkbox"/> \$900
MIMMS Advanced	3-5 Nov	Perth	3 Sep	<input type="checkbox"/> \$649	<input type="checkbox"/> \$900
MIMMS Team	21-22 Apr	Perth	21 Feb	<input type="checkbox"/> \$110	<input type="checkbox"/> \$385
MIMMS Team	25-26 Jun	South-West	25 Apr	<input type="checkbox"/> \$110	<input type="checkbox"/> \$385
MIMMS Team	26-27 Jun	South-West	25 Apr	<input type="checkbox"/> \$110	<input type="checkbox"/> \$385
MIMMS Team	21-22 Jul	Perth	21 May	<input type="checkbox"/> \$110	<input type="checkbox"/> \$385
MIMMS Team	31 Jul-1 Aug	Wheatbelt	31 May	<input type="checkbox"/> \$110	<input type="checkbox"/> \$385
MIMMS Team	11-12 Aug	Perth	11 Jun	<input type="checkbox"/> \$110	<input type="checkbox"/> \$385
MIMMS Team	15-16 Sep	Perth	15 Jul	<input type="checkbox"/> \$110	<input type="checkbox"/> \$385
MIMMS Team	16-17 Oct	Goldfields	16 Aug	<input type="checkbox"/> \$110	<input type="checkbox"/> \$385
MIMMS Team	9-10 Dec	Perth	9 Oct	<input type="checkbox"/> \$110	<input type="checkbox"/> \$385

SECTION 2: Attendee Details – please print clearly. Course information will be sent to email address supplied (or postal if email is unavailable)

Payroll / Employee Number (if WA Dept of Health) _____

Title: _____ **Surname:** _____

First Name: _____ **Preferred Name:** _____

Occupation: _____ **Department:** _____

Organisation: _____ **Work Region (e.g. Metro, WACHS Pilbara):** _____

Address: _____

Suburb: _____ **State:** _____ **Post Code:** _____

Work Phone: _____ **Home Phone:** _____ **Fax:** _____

Mobile: _____ **Email:** _____

Why do you want to attend this training? (please tick)

- Professional Development (PD)
- Personal Interest
- Required for work/employment criteria
- Other (please specify) _____

Where did you hear about this course? (please tick)

- DPMU website
- Workplace display notice board
- Email notification
- Word of mouth
- Flyer sent out
- Other (please specify) _____

Do you have any special learning needs e.g. large print, wheelchair access etc?

- No
- Yes (please provide details) _____

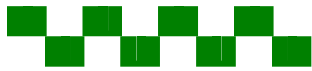
Do you have any special dietary requirements e.g. allergies? Please note that whilst dietary requirements will be passed to the private caterers if your requirements are particularly specific, it may be best to bring your own refreshments.

- No
- Yes (please provide details) _____

Have you attended any other Disaster Management Courses?

- No
- Yes (please provide details) _____

Currently pre-course materials are only available in hard copy, but if given the choice how would you prefer to receive pre-course materials (please tick only one box): CD Rom Hard-copy



SECTION 3: Authorisation Details – manager sign off is required to nominate you for the course (external agencies are requested to go through their line or training management e.g. Police through EMCU).

FORMS WILL NOT BE ACCEPTED IF THERE IS NO MANAGER SIGN-OFF

I confirm that:

- I support this application and will release the applicant from duty as stipulated.
- The application is in accordance with our organisation's training priorities.
- If the applicant does not attend the course with less than **5 working days** notice, the full cost of the course will be incurred to the organisation/applicant as indicated below .
- The cost of the course will be covered by the:
 - Organisation (in accordance with delegations schedule).
 - Applicant

Manager Details

Title: _____ First Name: _____ Surname: _____

Position: _____ Department: _____

Organisation: _____ Contact number: _____

Signature: _____ Date: _____

FORMS WILL NOT BE ACCEPTED IF THERE ARE NO PAYMENT DETAILS PROVIDED

SECTION 4: Payment Details – if a public metropolitan hospital (i.e. RPH, SCGH) is paying for your attendance please complete all parts of section 4A. All others please complete section 4B. PLEASE DO NOT SEND MONEY WITH THIS APPLICATION (an invoice will be issued in due course).

4A	Entity #		Cost Centre #	
	Account #		Amount	
	Incurring Officer		Signature	Date
	Certifying Officer		Signature	Date
	Contact Number		Email	

4B	Payer		Position/Title	
	Address			
	Email Address		Contact #	

- Notes:**
1. If you require acknowledgment of receipt of application please contact the Training Development Officer (TDO).
 2. Successful applicants will be notified approximately 6 weeks prior to the course via the email address provided above.
 3. If you require notification of successful application prior to 6 weeks before the course, please contact the TDO as per details below.
 4. Non-attendance with less than 5 working days notice will incur full cost of the course charged to the organisation or applicant as indicated in section 4.

I have read all notes and completed all sections of the form (1-4) with correct and up to date information. Yes No

Applicant Signature: _____ **Date:** _____

Applications should be returned by the application closure date to the TDO at DPMU by either:

Fax: 08 9222 2304,

Post: Training and Development Officer, Disaster Preparedness & Management Unit, PO Box 8172, Perth BusinessCentre, WA, 6849

or Email: debbie.gibbins@health.wa.gov.au (scanned copies only)

For further information contact

Training and Development Officer, Disaster Preparedness & Management Unit, Dept of Health

☎ 08 9222 2017

Website: www.health.wa.gov.au/disaster

