



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 which course/s you would like to apply for.

Govt rate applies to fully funded positions offered to all WA Department of Health staff and associated emergency response partners (i.e. government organisations, SJA, FESA, WAPOL, volunteers, private hospital staff etc). If you are unsure if you qualify for this category please contact the TDO (contact details at bottom).

Course	Course Dates	Course Location	Application Closure Dates	Govt Rate (inc GST)	Others Rate (inc GST)
Intro to Emergency Management	3 Feb	Perth	9 Jan	<input type="checkbox"/> funded	<input type="checkbox"/> \$165
Bombs, Blasts and Bullets (B3)	17 Feb	Perth	9 Jan	<input type="checkbox"/> funded	<input type="checkbox"/> \$165
Regional Training	24-26 Feb	Midwest	24 Dec	<input type="checkbox"/> funded	<input type="checkbox"/> \$495
Public Health	28-29 Apr	Perth	28 Feb	<input type="checkbox"/> funded	<input type="checkbox"/> \$330
Disaster Management – A Health Focus	12-14 May	Perth	17 Apr 09 (extended)	<input type="checkbox"/> funded	<input type="checkbox"/> \$495
EmergoTrain Assistant Instructors Course	3 Jun	Perth	3 Apr	<input type="checkbox"/> funded	<input type="checkbox"/> \$165
Health Aspects of Chemical, Biological & Radiological Hazards	25-26 Aug	Perth	30 Jul	<input type="checkbox"/> funded	<input type="checkbox"/> \$330
Regional Training	8-10 Sep	Albany	24 Jul	<input type="checkbox"/> funded	<input type="checkbox"/> \$495
Bombs, Blasts and Bullets (B3)	9 Nov	Perth	14 Sep (extended)	<input type="checkbox"/> funded	<input type="checkbox"/> \$165

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): _____

Postal 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 external 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) _____



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 organisation will incur a \$55 (govt) or \$165 (others) cancellation fee for each day of the course (i.e. 3 day course will cost \$165/\$495).

Manager Details

Title: _____ Surname: _____ First Name: _____

Position: _____ Department: _____

Organisation: _____ Contact number: _____

Signature: _____ Date: _____

APPLICATIONS FOR STAFF FROM ‘OTHER’ ORGANISATIONS ARE REQUIRED TO COMPLETE PAYMENT DETAILS BELOW OR APPLICATIONS WILL NOT BE ACCEPTED

SECTION 4: Payment Details – please do not send payment with this application. An invoice will be sent to the address provided below.

Payer Full Name: _____ Position: _____

Address: _____

Contact Number: _____ Email Address: _____

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 a \$55/165 (govt/others) administration fee per day of the course, charged to the organisation of the applicant.

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 Coordinator, Disaster Preparedness & Management Unit, PO Box 8172, Perth Business Centre, WA, 6849

or Email: DPMUTraining@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