



2023/24 Bombs, Blasts & Bullets Application Form

The Disaster Preparedness and Management Directorate are pleased to announce the continuation of the Bombs, Blasts and Bullets Course in 2024 for WA Health staff.

The course is aimed at providing participants with the base knowledge and skills to respond effectively to such events. The course specifically reviews the risk, threat and specific vulnerability to such an emergency, as well as the clinical management of casualties with injuries relating to these events in both pre-hospital and hospital settings.

Further information can be found at: <u>https://ww2.health.wa.gov.au/Articles/A_E/Disaster-management-training-and-development</u>

	Closing Date	Course Location	Government Rate	All Others
Course Date			(WA Health Staff & associated	(Applies to any applicant not in the
			emergency response partners)	government rate category)
18th April 2024	1st April 2024	Fiona Stanley Hospital G2 Lecture Theatre	Funded	\$195

Please note this course will not be catered. Please make your own meal arrangements

SECTION 1: Applicant Information

Title	Work phone
Surname	Occupation
First Name	Organisation
Preferred Name	Department
Mobile	HSP/Region/Depot
Postal Address	

Email Address*

*All course communications will be provided to the email address provided above.

SECTION 3: Management/Authorising Officer Approval

Title	HE #(Health Staff)
Full Name	Department
Position	Email
Organisation	Contact Number

Payment Information

Applies to any applicant not in the government rate category

Payer Name	Purchase Order #	
Position/Title	Email Address	
Address	Contact Number	
Suburb	State	Postcode

I confirm that:

The above information in this form is accurate.

I have read section 1 of the form and I am aware of the course dates and costs.

The payer or authorising officer named in section 3 are aware of and approve the course fees.

I support this application and will release the applicant from duty as stipulated.

Failure to provide 5 working days' notice of a non-attendance will result in full costs being incurred under the below authority.

Signature: _____ Date: _____

Please click below button to email completed application form to DPMUTraining@health.wa.gov.au