

Disaster Management Training & Development 2023/24 Regional Course Application Form

All application forms require a signature from your authorising officer/manager

New Application Process:

- Step 1 Participant completes section 1 & 2 of this form
- Step 2 Participant clicks 'Email Manager' button and emails form to authorising officer for completion of sections 3 &
- Step 3 4 Manager emails signed and approved application form to DPMDTraining@health.wa.gov.au

SECTION 1 – Course Details

Location	MIMMS	IMT	Closing Date
Kimberley	05-Sept-23	06 & 07-Sept-23	04-Aug-23
Great Southern	07-Nov-23	08 & 09-Nov-23	29-Sept-23
Goldfields	05-Dec-23	06 & 07-Dec-23	27-Oct-23
Midwest	06-Feb-24	07 & 08 Feb-24	03-Dec-23
Busselton	30-April-24	NA	22-Mar-24
Bunbury	01-May-24	02 & 03-May-24	22-Mar-24
Pilbara	14-May-24	15 & 16-May-24	05-Apr-24
Wheatbelt	11-Jun-24	12 & 13-Jun-24	03-May-24

Govt. Rate: Govt. rate (WA-wide): Applies to applications funded by the WA Department of Health, associated publicly funded government emergency response partners (i.e., DFES, WAPOL, and Defence), publicly contracted hospitals (including Peel, JHC, SJOG, MPPH) and self-funded WA Department of Health employees.

All others: Applies to anyone not in the above categories. - MIMMS \$400 / IMT not available

SECTION 2 – Applicant Information

Title Email Address
Surname Occupation
First Name Organisation
Preferred Name Department
Mobile HE# or Employee#
Postal Address

*Course manuals will be posted to the address provided above. All course communication will be sent to the email address provided above.

Do you have any special learning requirements? (E.g. large print, wheelchair access etc.)

No Yes (please provide details)

Do you have any special dietary requirements? (E.g. allergies, vegetarian etc.)

No Yes (please provide details)

Notes:

1. Submission of application form does not guarantee attendance. Successful applicants will be notified approximately 4 weeks prior to the course via the email address provided.
2. If you require notification of successful application more than 4 weeks prior to the course, please contact the DPMD Training team.

SECTION 3 – Management/Authorising Officer Approval

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

The cost of the course will be covered by:

Government rate – No Cost

Private organisations (please complete section 4)

SECTION 4 – Payment Details

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 3 of the form and I am aware of the course dates and costs

The payer or incurring officer and certifying officer named in section 4 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 DPMDTraining@health.wa.gov.au**

DPMD Training Team

T: +61 9222 4090

E: DPMDTraining@health.wa.gov.au

http://ww2.health.wa.gov.au/Articles/A_E/Disaster-management-training-and-development

Disaster Preparedness & Management Directorate | Public and Aboriginal Health Division