

# Disaster Management Training & Development 2024/25 Regional Course Application Form



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

#### Application Process: (Note: Red fields are required. Applications WILL NOT be processed unless completed.)

Step 1 Participant completes section 1 & 2 of this form

Step 2 Select "Email Manager for Approval" button and enter Managers email address in To box

Step 3 Manager completes sections 3 or 4

Step 4 Select "Email to DPMD Training" button and send application form to DPMDTraining@health.wa.gov.au

## **SECTION 1 – Course Details**

Location	MIMMS	MIMMS	IMT/ETS/DiscEx	Closing Date
Kimberley	Kunanara 19 Aug 24	Broome 21 Aug 24	<b>IMT</b> 22 - 23 Aug 24	12 Jul 24
Great Southern		Albany 4 Sept 24	IMT 5 - 6 Sept 24	19 Jul 24
Goldfields	Esperance 11 Nov 24	Kalgoorlie 13 Nov 24	<b>IMT</b> 14 - 15 Nov 24	27 Sept 24
Midwest		Geraldton 4 Dec 24	<b>IMT</b> 5 - 6 Dec 24	18 Oct 24
Southwest	Busselton 4 Mar 25	Bunbury 5 Mar 25	<b>IMT</b> 6 - 7 Mar 25	17 Jan 25
Wheatbelt		Northam 2 Apr 25	<b>IMT</b> 3 - 4 Apr 25	14 Feb 25
Pilbara	Karratha 12 May 25	Port Hedland 14 May 25	<b>IMT</b> 15 - 16 May 25	28 Mar 25

*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, ABF and Defence), and self-funded WA Department of Health employees. *All others rate*: Applies to anyone not in the above categories.

For reference, government rate applies to all agencies located here: https://www.wa.gov.au/agency

# **SECTION 2 – Applicant Information**

Title		Email Address		
Surname		Occupation		
First Name		Organisation		
Preferred Name		Department He <sup>#</sup>		
Mobile Number		or Employee <sup>#</sup>		
Postal Address				
*Course manuals will be posted to the address provided above. All course communication sent to the email address provided above.				
Do you have any special requirements? (large print, wheelchair access)				
Special Dietary requirements (allergies, vegetarian):				

Notes

1. Submission of application form does <u>not</u> 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.

**Email Manager for Approval** 



## **SECTION 3 – Management/Authorising Officer Approval**

Title:	He <sup>#</sup> or Employee <sup>#</sup>	
Full name:	Department	
Position:	Email	
Organisation	Contact Number	

Course registration fee will be covered by:

Government rate - No Cost

### Private organisations (complete section 4)

## SECTION 4 – Payment via Credit Card Be advised all courses now require pre payment before enrolment

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

### I confirm that:

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:



Signature required

Email to DPMD Training

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