

# Disaster Management Training & Development 2026 Jan-Jun 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
- Step 3 Manager completes sections 3 (and 4 if external organisation)
- Step 4 Select "Submit Form" button and send application form to [wachsemergencymanagement@health.wa.gov.au](mailto:wachsemergencymanagement@health.wa.gov.au)

## SECTION 1 – Course Details

Location	MIMMS	MIMMS	IMT/ETS/DisceX	Closing Date	External Applicant
Great Southern		Albany 11 March 2026	Albany IMT 12 & 13 March 2026	6 Feb 2026	
Goldfields		Kalgoorlie 20 May 2026	Kalgoorlie IMT 12 & 13 March 2026	2 April 2026	
South West	Busselton 16 June 2026	Bunbury 17 June 2026	Bunbury IMT 18 & 19 June 2026	1 May 2026	

**Course fees:**

**Internal applicants:** Courses are provided free of charge to all 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 JHC, SJOG, MPPH).

**External applicants:** Applies to anyone not in the above categories. - MIMMS \$400 / IMT \$800

## SECTION 2 – Applicant Information

Title:

Email Address:

Surname:

Occupation:

First Name:

Organisation:

Preferred Name:

Department:

Mobile Number:

He# or Employee#:

Postal Address:

State:

Postcode:

**\*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):

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.

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# or Employee#: \_\_\_\_\_

Full name: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Organisation: \_\_\_\_\_

Course registration fee will be covered by:

**Government rate – No Cost** (skip section 4)

**Private organisations – (complete section 4)**

## SECTION 4 – Payment Details

Payer Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Purchase order #:  
(if required)

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.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature required

**Submit Form**

**DPMD Training Team**

T: +61 9222 4090

E: [DPMDTraining@health.wa.gov.au](mailto:DPMDTraining@health.wa.gov.au)

[http://www.health.wa.gov.au/Articles/A\\_E/Disaster-management-training-and-development](http://www.health.wa.gov.au/Articles/A_E/Disaster-management-training-and-development)  
Disaster Preparedness & Management Directorate | Public and Aboriginal Health Division