



NT EMERGENCY SERVICE (NTES) RTO# 0384 - Emergency Management Training Unit (EMTU)

Training program name: Australasian Inter-Service Incident Management System AIIMS2017 (22459VIC) (Including Introduction to Emergency Management and Introduction to WebEOC)	Training program date(s) and time(s):
Training program location:	Nominations close:
Training program contact: training.emtu@pfes.nt.gov.au	Send nominations to: training.emtu@pfes.nt.gov.au

*Your name:	Date of birth: dd / mm / yyyy	Gender: (Please circle) Male / Female / Other	
*Your contact details: Mobile: Email:	Your (AGS) member number:	*Your unit or business area:	
Physical Address:		State/Territory	Post Code
Postal Address:		State/Territory	Post Code
*Do you have a medical condition or disability? (all information provided will be confidential) YES NO	Details- Please provide details and attach to this nomination all relevant documentation of how this condition is being managed e.g. medical plans		
*Do you need any assistance with reading /writing or calculations? YES NO	*Do you have any dietary needs or food allergies?- please specify		
Do you consent to film and/or still photos being taken during training or assessment sessions? YES NO	**Unique Student Identifier Number (USI Mandatory):		

Nominee Declaration

In nominating for this course I declare that I have disclosed any medical conditions or disabilities and where relevant provided any required documentation and have met all the course pre-requisites. I have read and understood the publicity information and will let the course coordinator know of any changes to any of my details or commitment as soon as possible.

Your name _____ Signature _____ Date _____

Supervisor authorisation

I support the nomination and confirm that the person nominated holds the entry requirements.

Your name _____ Signature _____ Date _____

Agency Priority 1 2 3 4 5 E-mail: _____