

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	Kununara 19 Aug 24	Broome 21 Aug 24	IMT 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	IMT 14 - 15 Nov 24	27 Sept 24
Midwest		Geraldton 4 Dec 24	IMT 5 - 6 Dec 24	18 Oct 24
Southwest	Busselton 4 Mar 25	Bunbury 5 Mar 25	TBA 6 - 7 Mar 25	17 Jan 25
Wheatbelt		Northam 2 Apr 25	TBA 3 - 4 Apr 25	14 Feb 25
Pilbara	Karratha 12 May 25	Port Hedland 14 May 25	TBA 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, 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	<input type="text"/>	Email Address	<input type="text"/>
Surname	<input type="text"/>	Occupation	<input type="text"/>
First Name	<input type="text"/>	Organisation	<input type="text"/>
Preferred Name	<input type="text"/>	Department He#	<input type="text"/>
Mobile Number	<input type="text"/>	or Employee#	<input type="text"/>
Postal Address	<input type="text"/>		

***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 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.

[Email Manager for Approval](#)



SECTION 3 – Management/Authorising Officer Approval

Title:	<input type="text"/>	He# or Employee#	<input type="text"/>
Full name:	<input type="text"/>	Department	<input type="text"/>
Position:	<input type="text"/>	Email	<input type="text"/>
Organisation	<input type="text"/>	Contact Number	<input type="text"/>

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	<input type="text"/>	Purchase order #	<input type="text"/>
Position/Title	<input type="text"/>	Email address	<input type="text"/>
Address	<input type="text"/>	Contact Number	<input type="text"/>
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>

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:

Date:

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