



Bombs, Blasts & Bullets/ Chemical, Biological & Radiological (CBR) Application Form

The Disaster Preparedness and Management Directorate are pleased to announce the new combined course of the Bombs, Blasts and Bullets and Chemical, Biological and Radiological (CBR) Course in 2025.

The course is aimed at providing participants with the base knowledge and skills to respond effectively to such events. The course specifically reviews the risk, threat and specific vulnerability to such an emergency, as well as the clinical management of casualties with injuries relating to these events in both pre-hospital and hospital settings.

Further information can be found at: https://ww2.health.wa.gov.au/Articles/A_E/Disaster-management-training-and-development

Course Date	Closing Date	Course Location	Government Rate <small>(WA Health Staff & associated emergency response partners)</small>	All Others <small>(Applies to any applicant not in the government rate category)</small>
06th & 07th February 2025	05th January 2025	Perth	Funded	\$400

****Please note this course will not be catered. Please make your own meal arrangements****

SECTION 1: Applicant Information

Title Work phone
 Surname Occupation
 First Name Organisation
 Preferred Name Department
 Mobile HSP/Region/Depot
 Postal Address
 Email Address*

**All course communications will be provided to the email address provided above.*



SECTION 3: Management/Authorising Officer Approval

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

Payment Information **Be advised all courses now require pre payment before enrolment**

Applies to any applicant not in the government rate category. Payment via Credit Card.

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 1 of the form and I am aware of the course dates and costs.

The payer or authorising officer named in section 3 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 DPMUTraining@health.wa.gov.au

The DPMD Training Team

T: +61 9222 4090

E: DPMDTraining@health.wa.gov.au

Disaster Preparedness & Management Directorate | Public and Aboriginal Health Division