



Educator Course 21st – 24th October 2025

PERSONAL DETAILS:

First Name & Surname: _____

HE or Employee Number: _____

Current Position: _____

Department/Organisation: _____

Postal Address: _____

Contact email: _____

Contact number: _____

Dietary requirements

(please indicate nil for no dietary requirements):

Section 1: Expression of Interest pathway

Expression of Interest for ETS Educator

To be an ETS Educator you are expected to:

- Teach Senior Instructor Courses on at least an annual basis under the direction of the Disaster Preparedness & Management Directorate (DPMD), Department of Health WA.
- Set up the Senior Instructor course-program according to a plan given by ETS Competence Centre or National ETS faculty.
- Conduct themselves in line with professional Codes of Conduct and represent ETS as per the ETS manual.
- Facilitate exercises across WA Health.
- Participate in ETS Faculty meetings when required and or ad hoc basis.
- Maintain true and accurate records of ETS use including post exercise reports.
- Maintain and promote quality control of ETS equipment and its use.
- Understand what is required in exercise development.
- Act in accordance with the ETS Guidelines.
- Advise DPMD in writing if they no longer wish to practice as an ETS Educator

Disaster Preparedness & Management Directorate

EOI Educator Course Nomination Form



Government of Western Australia
Department of Health

Section 2: For ETS Educator Applicants ONLY

Please provide a response to the questions below

a) When were you certified as an ETS Senior Instructor? (Month/Year)

b) Describe your experience using the ETS Tool.

c) Describe your experience delivering exercise and/or training sessions. Include when you last directed and/or supported an exercise that used the ETS tool and what role you assisted in the exercise.

d) Will you be supported by your health service provider in undertaking your responsibilities as a WA ETS educator? Please state how you will be supported and/or demonstrate ETS within your organisation.

Please select:

Section 4: Line Manager Approval **The following must be completed by your line manager for approval to attend this course*

Manager's Name: _____

Position Title: _____

Department: _____

Phone: _____

Email: _____

Applicant's Signature

Manager's signature

Date

Date