



## STATE TRAINING NOMINATION FORM

### MEMBER USE ONLY - COURSE DETAILS

COURSE:

DATE:

LOCATION:

### YOUR DETAILS

NAME:

MEMBER NO:

TEL:

BRIGADE:

EMAIL:

DISTRICT:

PRE-REQUISITE(S)

*(List the pre-requisites that you hold, as stated in the course information)*

Are you under 18 at the course start date?

**SERVICES AVAILABLE** (You may contact the course coordinator to discuss any needs confidentially)

Y

N

I would like to apply for recognition of my prior learning relating to this course ([download RPL Kit](#))

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I need help with reading, writing or numeracy while completing this course ([download LLN guide](#))

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Do you require accommodation? (Note accommodation is twin share/ state below if additional nights are required)

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Gender (for accommodation planning/ requirements only):

I have special dietary/ other requirements, these include:

SIGNATURE

DATE

### DISTRICT ADMINISTRATION USE ONLY

1

2

3

**PRIORITY:** Nominations require district approval and must be prioritised based on training and operational needs. All members have the right to be informed of their priority and the criteria used.

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REASON:

OFFICER:

### TRAINING ADMINISTRATOR USE ONLY

Y

N

PRE-REQUISITES HAVE BEEN MET:

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NOMINATION OUTCOME / REASON:

SAP COURSE CODE:

JOINING INSTRUCTIONS SENT:

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NAME:

SIGNATURE: