



NSW RURAL FIRE SERVICE TRAINING COURSE/WORKSHOP NOMINATION FORM (2007)

*Submit this form to your District/Team/Zone Learning and Development Officer
(please print clearly)*

COURSE/WORKSHOP	
DATE / S	
LOCATION	
NAME	<input type="checkbox"/> Male <input type="checkbox"/> Female Firezone # _____
ADDRESS FOR COURSE CORRESPONDENCE (including email address if applicable)	
TELEPHONE	(W)(H) (M)(Fax)
YOUR BRIGADE etc	Brigade District Region
YOUR RFS STATUS (e.g. Volunteer, Captain, Zone Manager, Community Safety Officer etc) To nominate for Cert. IV (Fire) subjects, you need to have CL, RFI and one more specialist certifications; <u>or</u> be employed as RFS local or regional staff at RFS 6/7 level or higher.
LIST YOUR CURRENT CERTIFICATIONS (BF, AF, CL, national modules, etc) You need to have any prerequisites specified for the course or workshop. (See the relevant section of the current Training Information Booklet for details about prerequisites.)
ACCOMMODATION REQUIREMENTS	Do you require accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you require accom night before the course? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you require accom night after the course? <input type="checkbox"/> Yes <input type="checkbox"/> No Mostly twin accommodation, if you would like to share with another course participant please provide their name. (this is not guaranteed)
FURTHER INFORMATION (e.g. dietary, smoker, etc)	
SIGNATURE OF APPLICANT	SIGNATURE DATE
NOMINATION APPROVAL Note: Course nomination and selection must be in accordance with the access and equity requirements in the Code of Practice for the delivery of training, assessment and certification in the RFS. When there are multiple applicants, please indicate their order of priority for participation and state the criteria used by you to determine that priority.	Approval is required by your local Learning & Development Officer or D/T/Z Manager NAME..... LOCATION (please print) SIGNATURE..... DATE Priority NoCriteria
Office Use only: Nomination submitted on Firezone TRAIN by: Date:	
Accepted <input type="checkbox"/> Not Accepted <input type="checkbox"/> Reserve List <input type="checkbox"/>	

RHZ FAX 6941 2220