



DETAILS TO BE COMPLETED BY APPLICANT			
Personal Details			
First Name:		Preferred Name:	
Surname:		DFES ID No:	
Postal Address:			Postcode
Email:			
Phone:	Mobile:	Work:	Home:
Brigade/Unit:			
Position/Title:			
Course Information			
<input type="checkbox"/> Internal DFES Course	<input type="checkbox"/> External Course	Provider:	
Please tick if you are willing to accept email or e-learning materials if available <input type="checkbox"/>			
Course Title:			
Location:			
Course Dates:	From:	To:	
Accommodation Required:	<input type="checkbox"/> No <input type="checkbox"/> Yes	From:	To:
Special Dietary Requirements:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Please outline:	
<ul style="list-style-type: none"> By submitting this application I confirm that I agree to the terms and conditions outlined in the DFES Training and Assessment Code of Practice. 			
Signature:		Date:	
APPROVALS			
Applicant's Local Supervisor			
First Name:		Surname:	
Position/Title:		DFES ID No:	
This training is:	<input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended (Applicant to be advised)	Priority:	<input type="checkbox"/> 1. Urgent operational / profile need <input type="checkbox"/> 2. Pathway requirement – not urgent <input type="checkbox"/> 3. Refresher / upgrade
Signature:		Date:	
DFES District Officer			
First Name:		Surname:	
Position/Title:		DFES ID No:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved (Applicant to be advised)	Cost Centre:	
I confirm that:	<input type="checkbox"/> This training activity is approved as part of the applicant's Pathway <input type="checkbox"/> Attendance on the nominated date is supported <input type="checkbox"/> Funding required has been accepted to be deducted from our cost centre <input type="checkbox"/> Applicant pre-requisites for the nominated course have been confirmed		
Signature:		Date:	
Notes:			
Submit this form to: The Course Coordinator			