



NSW RFS TRAINING NOMINATION FORM 2017/2018

Submit this form to your local Fire Control Centre Att: L & D Officer

farsouthcoast.team@rfs.nsw.gov.au

(Please use a dark pen and write clearly)

NAME OF TRAINING			
DATE/S			
TRAINING LOCATION			
NAME			<input type="checkbox"/> Male <input type="checkbox"/> Female
MEMBER NUMBER			
YOUR BRIGADE DETAILS	Brigade:		
	DTZ: Far South Coast Team	Region: South	
ADDRESS FOR TRAINING CORRESPONDENCE	Email		
TELEPHONE	Home:	Mobile:	
EMAIL			
YOUR RFS RANK / ROLE (e.g. Volunteer, Captain, Business Officer, etc)			
CURRENT QUALIFICATIONS (List any prerequisites specified for this training)			
ACCOMMODATION REQUIREMENTS	Do you need accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you need accom night before the course? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you need accom night after the course? <input type="checkbox"/> Yes <input type="checkbox"/> No		
FURTHER INFORMATION (e.g. dietary needs, medical issues relevant to training)			
LEARNING SUPPORT NEEDS	I may need support for the following tasks (Please tick): <input type="checkbox"/> Reading instructions or reading training materials <input type="checkbox"/> Filling out forms or completing written tests <input type="checkbox"/> Following verbal directions or talking in English <input type="checkbox"/> Calculating answers to basic mathematics questions <input type="checkbox"/> Extra reminders of how to complete new tasks or skills <input type="checkbox"/> Using online training resources, including the internet		
SIGNATURE OF APPLICANT			Date:
SIGNATURE OF CAPTAIN			Date:
NOMINATION APPROVAL Approval is required from your District Officer (for volunteers) or your RFS Manager (for staff). Approval and selection must be in accordance with access and equity principles. If there are multiple nominations, indicate priority order.	Name:		
	Role:		
	Signature:		
	Date:	Priority order:	