

# Incident Management Training Nomination Form

Return this form to your agency prior to the course closing date.

## DELWP

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## SES

State Operations  
Operations Team Assistant – Capability  
168 Sturt Street, Southbank VIC 3306  
Phone: (03) 9256 9000  
Email: [IMT.Training@ses.vic.gov.au](mailto:IMT.Training@ses.vic.gov.au)

## CFA and Other Agencies

CFA, PO Box 3100, Bendigo Delivery Centre,  
Bendigo VIC 3554  
Mobile: 0427 045 134  
Fax: (03) 5448 4982  
Email: [IMT-Training@cfa.vic.gov.au](mailto:IMT-Training@cfa.vic.gov.au)

### Course Details

Name

Start Date

Location

Course Number

### Participant Details

Name

Male

Female

Postal  
Address

Organisation

Email

Staff/Member No.

Mobile Phone

Work Phone

DOB

### Accommodation

Do you require accommodation for the duration of the course?

No

Yes

Do you require accommodation for the night before the course commences?

No

Yes

### Dietary requirements

Please list any special dietary requirements you have:

### Person to contact in an emergency

Contact Name

Contact Number

### Language Literacy and Numeracy information

Do you have any difficulty reading, writing or understanding written material or numbers?

No

Yes

### Consent to use your image

CFA produce media products including images and audio/video footage of CFA members. We use these products to promote training to CFA members, other organisations and the public. These media products may be used on the CFA website, a training provider's website, CFA promotional material, local newspapers or newsletters. Please indicate whether you agree that media containing your image or voice can be used by CFA or allowed to be passed onto a relevant third party.  
(If you do not select an option we will assume we have your consent.)

I give permission for CFA or any CFA authorised third party to use media recorded during this training course.

No

Yes

### Privacy Statement

CFA will only collect personal information from you to maintain their records related to the delivery of training and assessment services as a registered training organisation. They will only use personal information provided by you for the purposes for which it was collected.

No personal information will be disclosed without your consent unless required or sanctioned by law.

Participant  
Signature

**Course Authorisation:** Authorisation for this nomination must be sought from your agency.

CFA staff and volunteers must obtain authorisation from their District Operations Manager.

### Nomination authorised by:

Name

Signature of  
authorising officer

Date