Aim:

The course is aimed at providing participants with an understanding of how health can prepare for, respond to, and assist in recovery from a disaster. The content is learned through:

- presentations
- workshops
- disaster response simulation

Course Content:

- incident appreciation and action planning
- incident command and control
- response coordination
- deployment of resources
- recovery after a disaster
- WebEOC

Target audience:

- Staff from local hospital to regional executive involved in disaster coordination roles
- Administrative staff supporting managers and executives during disasters

Disaster Management Training & Development
2019-20 Incident Management Training (IMT)
Regional Course Application Form

All application forms require a signature from your authorising officer/manager
Electronic signatures will not be accepted

Step 1   Complete section 1 and 2 of this form.
Step 2   Print form and provide to authorising officer for completion of sections 3 - including signature.
Step 3   Scan signed application form and email to DPMUTraining@health.wa.gov.au

SECTION 1: Course

<table>
<thead>
<tr>
<th>Course</th>
<th>Closing Date</th>
<th>Location</th>
<th>Govt. Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional IMT</td>
<td>12th &amp; 13th May 2020</td>
<td>27th Mar</td>
<td>Albany</td>
</tr>
</tbody>
</table>

Govt. Rate: Applies to applications funded by the WA Department of Health, associated emergency response partners (i.e. SJA, DFES, WAPOL, and Defence), publicly contracted hospitals (Peel, JHC, SJOG, MPPH) and self-funded WA Department of Health employees.

SECTION 2: Applicant Information

Title
Surname
First Name
Preferred Name
Mobile
Home phone
Postal Address

Work phone
Occupation
Organisation
Department
Work Region

Email Address*

*All course communications will be provided to the email address provided above.

Department of Health Staff – additional information

WACHS Region/HSP

Health Facility Name

Do you have any special learning requirements? (E.g. large print, wheelchair access etc.)

☐No
☐Yes (please provide details)
**Diet**
We endeavour to cater for specific allergies, intolerances and cultural dietary requirements. Unfortunately personal preferences cannot be catered for, as this often incurs additional costs.

- Vegan ☐
- Vegetarian ☐
- No Pork ☐
- No Red Meat ☐
- Diabetic ☐
- Coeliac ☐

**Allergies:**

**Other:**

### SECTION 3: Management/Authorising Officer Approval

<table>
<thead>
<tr>
<th>Title</th>
<th>HE #(Health Staff)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name</td>
<td>Department</td>
</tr>
<tr>
<td>Position</td>
<td>Email</td>
</tr>
<tr>
<td>Organisation</td>
<td>Contact Number</td>
</tr>
</tbody>
</table>

I confirm that:

☐ I support this application and will release the applicant from duty as stipulated.

Signature: __________________________ Date: _____________

**Notes:**
1. **Successful applicants will be notified approximately 4 weeks prior to the course via the email address provided.**
2. **If you require notification of successful application more than 4 weeks prior to the course, please contact the DPMU Training team.**

### SECTION 4: Confirmation

☐ I confirm that all information in this form is accurate

☐ I confirm that my manager is aware of the course dates and supports my attendance.

Please scan completed application form and email to [DPMUTraining@health.wa.gov.au](mailto:DPMUTraining@health.wa.gov.au)