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

Further information can be found at: https://ww2.health.wa.gov.au/Articles/A_E/Disaster-management-training-and-development
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

<table>
<thead>
<tr>
<th>Step</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Complete section 1 and 2 of this form.</td>
</tr>
<tr>
<td>Step 2</td>
<td>Print form and provide to authorising officer for completion of sections 3 - including signature.</td>
</tr>
<tr>
<td>Step 3</td>
<td>Scan signed application form and email to <a href="mailto:DPMUTraining@health.wa.gov.au">DPMUTraining@health.wa.gov.au</a></td>
</tr>
</tbody>
</table>

### 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>10th &amp; 11th June 2020</td>
<td>24th Apr</td>
<td>Bunbury</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**
- **Work phone**
- **Occupation**
- **Organisation**
- **Department**
- **Home phone**
- **Work Region**
- **Postal Address**
- **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

Title  HE #(Health Staff)  Full Name  Department  Position  Email  Organisation  Contact Number

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