Regional Incident Management Training (IMT)

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

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>26th &amp; 27th May 2020</td>
<td>10th Apr</td>
<td>Northam</td>
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</tbody>
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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 __________________________________________ Work phone __________________________
Surname ________________________________________ Occupation __________________________
First Name _____________________________________ Organisation _______________________
Preferred Name _________________________________ Department __________________________
Mobile _________________________________________ Work Region __________________________
Home phone ____________________________________
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) __________________________

1
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>
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</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>
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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