



Australian Government Nomination Form

Australian Government
Attorney-General's Department

National Security
Capability Development Division

Information for applicants

What to do with your application form

Ensure all sections of the application form are complete
Sign the form (Applicant's Signature)
Fax to Australian Emergency Management Institute on 03 5421 5272

What happens next?

When your nomination arrives at AEMI it will be processed and an email will be sent acknowledging receipt of your form.

Late nominations

Nominations received late will only be considered if vacancies still exist or become available.

Please note:

The cost of air travel is the responsibility of each Commonwealth Government Department. Ground transport may be available between AEMI and Melbourne Airport depending on flight arrival and departure times. Generally transport from Melbourne Airport leaves at 11.30am on the first day of the course and departs AEMI at 1.00 pm on the last day of the course. Participants are responsible for arranging, and paying for, travel between their homes and their home airports. Once at AEMI all accommodation, meals, and course materials will be provided.

AEMI programs may be cancelled or re-scheduled at short notice. AEMI will not be held liable for any expenses incurred due to cancellations or re-scheduling of training programs or workshops.

Are there any pre-requisites for training programs? Yes!!

Program	Pre-requisite
Contribute to an Emergency Risk Management Process (PUAEMR008B) Facilitate Emergency Risk Assessment (PUAEMR009B) and, Determine Treatment Options (PUAEMR012B)	There are no formal pre-requisites for these courses. However, participants require experience in emergency risk management or a working knowledge of the basics of the process in order to gain fully from attendance.
Coordinate Resources within a Multi-agency Emergency Response (PUAOPE008B) and, Manage Media Requirements at a Major Incident (PUACOM009B)	Introduction to Emergency Management
Undertake Emergency Planning (PUAEMR010B)	Introduction to Emergency Management

Code of Conduct

Purpose: To define the responsibilities for those people attending the Institute.

Scope: This policy applies to all people attending the Institute.

Definitions: **Institute** means Australian Emergency Management Institute, Mt Macedon

Staff means an employee of Australian Emergency Management Institute or their contractor

Misconduct means any behaviour contrary to the Code of Conduct. This may mean that behaviour has been prejudicial to the good order and running of the Institute, impairs the freedom of other person/s, or may bring the Institute into disrepute.

Property means the buildings, contents of the buildings, grounds and equipment

Code

All attendees will act in accordance with any reasonable direction from a member of staff relating to their behaviour.

Australian Emergency Management Institute expects that attendees will **not**:

- use language or behaviour that may cause offence to other people
- engage in behaviour that may be seen as discriminatory which includes but is not limited to sexual, religious, racial, or gender
- bring onto site any alcohol or illicit drugs (as defined by the Crimes Act 1958 & Controlled Substances Act 1981)
- wilfully or negligently damage, or remove any property
- harass others (either physically or verbally)
- cheat or plagiarize in respect to assessment.

Anyone feeling offended by the actions of another person attending AEMI has the right to ask for the actions to stop. If this person's actions do not cease, you should notify an AEMI staff member.

Australian Emergency Management Institute reserves the right to remove any person for misconduct and notify their employer/State Authority of their behaviour and seek recompense for any damage incurred.

I have read this document and understand my rights and responsibilities.

Signed:

Print name:

Date:

Nomination Form

Client Number:
(AEMI use only)

Activity Number

Start Date

Finish Date

Activity Name

Personal Details

Name:

Title	Surname	Other names

Preferred Name:

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Date of Birth:

Gender

Male

Female

Agency / Workplace Name			
Agency / Workplace Address			
Suburb		State	Postcode
Email:			
Phone (Home)		Phone (Bus)	
Fax		Mobile	
Home Address			
Suburb		State	Postcode
Next of Kin		Contact	
Flight no. & arrival time			
Flight no. & departure time			
Are you from an Aboriginal or Torres Strait Islander background?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional information

Do you require assistance with your studies because of;

Disability Language / literacy issues

Do you have any specific dietary requirements? Yes (please provide details below) No

Do you have any medical conditions? Yes (please provide details below) No

Should you require non urgent medical assistance, Australian Emergency Management Institute will assist in making an appointment at the nearest medical facility and arranging for your transport to and from the medical facility by taxi. All costs and charges associated with the transport and medical appointment and subsequent prescriptions are to be borne by the requesting individual.

Secondary school education (highest qualification)

Year 10 Year 11 Year 12

Education / Training since leaving secondary school

(TAFE, University or other relevant studies including any training conducted by EMA.)

Course Name	Institution	Year Finished

The Institute will not disclose the information provided by you on this form to third parties except to other educational institutions, to government bodies, as required or authorised by law or in accordance with the Institute's Code of Practice Policy and the Commonwealth Privacy Act 1988. You may obtain access to your personal information held by the Institute by contacting AEMI Administration on (03) 5421 5100 and submitting the required authorisation.

Applicant's Signature: _____

Agency Endorsement

Assessment of this program may include some workplace-based activity. A certificate/statement of attainment shall only be issued upon successful completion of the assessment.

In recommending this applicant we agree to provide opportunities for work-based assessment activities.

Name	Agency
Position	Contact No.
Signature	Date

Office use only

<i>ADMIN</i>	<i>ADDEL</i>