DISTRICT TRAINING NOMINATION FORM BLUE MOUNTAINS DISTRICT 2019

MEMBER USE ONLY

COURSE DETAILS

COURSE:			
DATE:		**LOCATION:**	

YOUR DETAILS

NAME:		**MEMBER NO:**	
TEL:		**BRIGADE:**	
EMAIL:		**DISTRICT:**	
PRE-REQUISITE(S)	*(i.e. you must complete SI before commencing BF – List here the quals you have which are needed before commencing this course)*		

SERVICES AVAILABLE	Y	N
I would like to apply for recognition of my prior learning relating to this course (download RPL Kit)	☐	☐
I need help with reading, writing or numeracy while completing this course (download LLN guide)	☐	☐
I have special dietary requirements, these include:		

SIGNATURE		**DATE**	

BRIGADE ADMINISTRATION USE ONLY

PRIORITY:
Nominations DO NOT require brigade approval, but must be prioritised based on training and operational needs. All members have the right to be informed of their priority and the criteria used.

REASON:

DISTRICT USE ONLY	Y	N
PRE-REQUISITES HAVE BEEN MET:	☐	☐
NOMINATION SUCCESSFUL:	☐	☐
SAP COURSE CODE:	**JOINING INSTRUCTIONS SENT:** ☐	☐
NAME:	**SIGNATURE:**	