

## ACT RURAL FIRE SERVICE TRAINING NOMINATION FORM

## Have this form signed by your Captain or Training Officer and forward to: ACT Rural Fire Service Membership Team Email: <u>rfsadmin@act.gov.au</u>

Course/Workshop										
Date/s	Start:	/	/ 2017	Finis	sh:	/	/ 2017			
Location										
Name										
Postal Address										
Contact	(Work)			(Hoi	me)					
	(Mobile)			(Em	ail)					
Brigade										
<b>Rank/Role</b> (e.g. Captain, Firefighter)										
Pre-requisites held	Yes / No (cross	s out v	vhichever is	not applicab	le)					
Special Needs (e.g. dietary)										
Nominee's Signature	Signature:					Date:		/	/ 2017	
Captain or Training Officer's Signature	Signature:					Date:		/	/ 2017	
	Priority:		(1,2,3	,4,5)						
	Reason:									
Nomination Approval	Accepted / No	t Acc	epted (cross	s out whichev	ver is no	ot applicat	ole)			
(Office Use Only) Note: Course nomination	Reason:									
and selection must be in accordance with the access and equity	Nomination rec	eived	by:							
requirements in the Code of Practice for the	Name:									
delivery of training, assessment and		RFS	Membershi	p Team						
certification in the RFS. When there are multiple applicants, please indicate their order of priority for participation and state the criteria used by you to determine that priority		ACT	Rural Fire S	Service						
	Signature:					Date:		/	/ 2017	