

## **Nomination Form / Tax Invoice**

Introduction To Emergency Management		
Course Preference:		
1st - Location:		Date:
2nd - Location:		Date:
Applicant Details		
First Name:	Surname:	
Preferred Name:	Position/Title:	
Agency/ Organisation:	Department:	
Address:		ID No. / DOB:
Suburb:	State:	Postcode:
Telephone (Bus.):	(Mobile): Note: At least one phone number i	must be listed
Email:		
Reason for wishing to attend the course (brief description):		
Authority of Organisation		
Your nomination will NOT be accepted if this section is not completed by an authorised person - i.e.: Manager		
Manager's Name:	Signature:	
Position/Title:	Date:	
Course Fees & Payment Methods		TAX INVOICE (once payment has been received)
Designated Emergency Management Agency:	\$256 (incl GST)	Other: \$586 (incl GST )
Credit Card (preferred)		
Cardholder's Name:		Mastercard Visa
Card Number:		Expiry Date:
Contact Number (If cardholder is different to applicant):		
Contact Email (If cardholder is different to applicant):		
<u>Cheque</u> (preferred)		
If paying by cheque please make payment to 'Victoria State Emergency Service', attach to a copy of this nomination form and send to: Victoria State Emergency Service, 168 Sturt Street, Southbank, 3006.		
<b>EFT</b> EFT payment is only accepted, under condition that a remittance advice is sent to accounts@ses.vic.gov.au, stating the name of the participant(s), the location and the date of the course. Cancellations		<b>EFT Account Details</b> BSB: 063-215 Account:10279870 Account Name: Victoria State Emergency Service
Organisations who withdraw 5 business days prior to course commencement date will receive 100% refund. After this date, organisations may only swap applicants - no refund will be given.		

Return Applications To:

Or print and fax back to Central Region on (03) 9256 9706

NOMINATIONS CLOSE ONE MONTH PRIOR TO THE COURSE COMMENCEMENT DATE

Completion of this Nomination Form does not guarantee admittance to the course.