



# TRAINING COURSE APPLICATION

Information on our courses is provided on the DVA website [www.dva.gov.au](http://www.dva.gov.au) in the TIP Queensland pages.

**Part A - Applicant to Complete** **PLEASE PRINT CLEARLY**

SURNAME..... CHRISTIAN NAMES..... Title.....

Address .....

Telephone..... Postcode..... Email address.....

Organisation Postal Address .....

Do you have a disability or any dietary needs we need to know about? .....

Course applied for .....

Is this **INITIAL** training or are you **UPDATING**?.....

**NOTE:** 1. Applications close **six (6) weeks** prior to the course commencement date.  
2. Please read the **“TIP Qld Training Policy & Description of Courses”** document (DVA website) prior to signing this form.  
3. Course **prerequisites**, contained in the policy document, ensure effective delivery of TIP training. It is **your responsibility** to ensure compliance with these prerequisites.

**APPLICANT'S SIGNATURE** .....Date...../...../.....

**Part B - Organisation Office Bearer to Complete (please print)**

I endorse this application for .....to attend TIP training as above and **certify** that He/She is an **authorised or trainee** Pensions/Welfare Practitioner or Advocate for this organisation. I understand that endorsing the applicant without the necessary pre-requisites absolves TIP of responsibility in the delivery of effective training to that applicant.

NAME:..... POSITION:..... DATE .....

SIGNATURE..... ORGANISATION.....

ADDRESS & PHONE NUMBER.....

**RETURN THIS FORM TO: TIP Administration Officer, 42 Oxlade Drive New Farm Qld 4005  
or fax to 07 3358 5809**

INFORMATION CONTAINED ON THIS FORM MAY BE USED BY THE DEPARTMENT TO ASSIST NETWORKING BY SEMINAR PARTICIPANTS