



WA TIP TRAINING COURSE NOMINATION



A separate nomination form must be completed for each training course.

It is essential that you complete the back of this form listing all courses you have completed.

SECTION 1 - Applicant to complete

Course:

Date:

Venue:

Your First Names:

Your Surname:

Your Preferred First Name (for name badge):

Your Address:

Your Telephone Number:

Phone:

Mobile:

Your Email:

SECTION 2 ESO endorsement & applicant

I have discussed this completed form with the President /Secretary of my Ex service Organisation (ESO).

Applicant's Signature

Date

Ex Service Organisation endorsing training

ESO Professional Indemity Insurance Provider (eg VITA)

President or Secretary of ESO (Circle as appropriate)

Print Name

Date

Signature of ESO President or Secretary

Date

Office Only Use

SECTION 3 TIP Committee endorsement

I support/do not support this application

Signature

Date

Comments: _____

WA TIP TRAINING COURSE NOMINATION – cont.

SECTION 4 - Applicant to complete

Are you currently working as a Pensions/Welfare Officer? Yes No

Courses previously attended and dates:

| |
|--|
| |
| |
| |
| |
| |
| |
| |

Briefly outline why you would like to do this course:

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

For Refresher Course Applicants ONLY

What subjects would you like to see covered in the Refresher Course?

| |
|--|
| |
| |
| |
| |
| |
| |

Please return to:

TIP Administration Support Officer, Perth Legacy, PO Box 1983, WEST PERTH WA 6005.

Phone: 9486 4900 or regional callers 1800 534 229

(Fax: 08 9486 7022 **Email:** tipadmin@perthlegacy.com.au)