

Course Application External Personnel

PDT1D

Personal Details - to be completed by Applicant

First Name

Preferred Name

Surname

Date of Birth
(required)

Postal Address

Postcode

Email

Phone - Mobile

Phone - Other

Organisation

Position/Title

Please tick if you are NOT willing to accept electronic learning materials

By completing and submitting this application form you are confirming that you agree to the terms and conditions outlined in the DFES Training and Assessment Code of Practice

Date

Please tick if you do NOT agree for your training results and certification to be provided to a third party, i.e. your Employer/Local Supervisor

Course Information

Course Title

Location

Course Dates

Special Dietary
Requirements

No
Yes

Local Supervisor Approval

Name

Position/Title

I confirm that the applicant holds the relevant pre-requisites

This training is

Recommended

Not Recommended (Applicant to be advised)

Date

Email this completed form to the Course Coordinator

DFES Manager Approval (District Officer, Manager or Above)

Name

DFES ID

Position/Title

I confirm that the relevant pre-requisites have been verified

Application is

Approved

Date

Not Approved (Applicant to be advised)

Return this completed form to the Course Coordinator