



# Course Nomination Form

## Maritime Environmental Emergency Response

### Course Information *(Please indicate which course you would like to attend)*

Course: \_\_\_\_\_

Course Date: \_\_\_\_\_

Course Location: \_\_\_\_\_

### Contact Details *(Please print in block letters or type)*

Title: \_\_\_\_\_ Gender:  Male  Female Student USI Number: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Organisation: \_\_\_\_\_ Position: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Any special dietary requirements (please specify): \_\_\_\_\_

\_\_\_\_\_

Any medical conditions or disability requirements:  Yes  No

If Yes please specify: \_\_\_\_\_

Next of Kin: Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Send completed form to:

**Training Officer**

Maritime Environmental Emergency Response

Via Email: [meer.training@transport.wa.gov.au](mailto:meer.training@transport.wa.gov.au)

Via Fax: 1300 905 866