



Course Nomination Form

Maritime Environmental Emergency Response

When blank, this form is classed as **OFFICIAL**, when filled out, this form is classed as **OFFICIAL-SENSITIVE**.

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

Via Fax: 1300 905 866