

OCPE Course/Event Enrolment form

Enrolment forms will not be processed unless ALL FIELDS are completed.

Applicant Details

Course Details			
Course Title			
Course Dates		Course Cost	excl GST
Course Availability	In the event this session is fully booked: <input type="checkbox"/> waitlist me in case there is a cancellation and/or <input type="checkbox"/> enrol me on the next session		
Applicant Information			
AGS Number		Classification	
First Name			
Surname			
Position Title			
Agency			
Location	<input type="checkbox"/> Darwin <input type="checkbox"/> Katherine <input type="checkbox"/> Alice Springs <input type="checkbox"/> Other (please specify)		
Email			
Contact Number		Mobile	
Request for Reasonable Adjustments			
The NTPS strives to accommodate people with disability and makes every endeavour to implement reasonable adjustments to ensure inclusion for all NTG employees. Please advise if you require any adjustments to access the course or its method of delivery.			
Adjustment Required			
Applicant's Commitment			
<p>By signing this form, I confirm that I understand and agree to the following:</p> <ul style="list-style-type: none">I am required to attend all scheduled days of the course.OCPE will notify me if the course is re-scheduled and will transfer my registration to the next available session or will work with me to find a session that suits me and my workplace.I understand that there is no refund if I fail to attend or withdraw after the training has been confirmed. I may arrange for another person in my agency to attend in my place only for courses that <u>do not</u> have pre-course work/diagnostic assessment requirements.I confirm that appropriate documented financial approval has been obtained from an authorised delegate within my organisation.			
Signature		Date	/ /
<p>If you are a DoE employee from an NT School please provide school name and ABN.</p> <p>School Name: ABN:</p>			

PRIVACY STATEMENT: All information collected from the enrolment will be treated in accordance with the NT Information Act. It will be used by the OCPE Strategic Workforce Planning and Development Branch to assist in processing enrolments and administering courses and may be provided to the course facilitators to assist in meeting the needs of all participants

Government Agency

Line Manager Endorsement

I have delegation to endorse this application and will ensure the applicant is:

- Released from the workplace to attend the course.
- Provided workplace support to help consolidate learning.

I understand that:

- There is no refund if my staff member fails to attend or withdraws after the training has been confirmed. A replacement applicant will be accepted for courses that do not have pre-course work/diagnostic assessment requirements.
- In the event a course is cancelled, OCPE will (a) transfer the applicant to the next available session or (b) work with the applicant to find a date suitable for them and their workplace.
- OCPE free events/information sessions involve managing registration waitlists due to high demand. Applicants who fail to provide OCPE with 24 hour cancellation notice will incur a \$100 non-attendance fee charged to their agency.

Name			
Position Title			
Signature		Date	/ /

Payment

Financial Delegate Approval – Authority to Pay

Please note that the applicant and the approved financial delegate cannot be the same person

Agencies are responsible for covering additional participant costs i.e., travel, accommodation, allowances etc.
Agencies will have the course fee directly charged to their nominated cost centre and standard classification code.
Agencies/Authorities not on the NTG LTF system will be issued an invoice.

Cost Centre		Standard Classification Number (Refer to agency charter of accounts)	3 7 1 _ _ _ <i>Training and Study</i>
Financial Delegate Name		Position	
Financial Delegate Signature		Date	/ /

PLEASE FORWARD INVOICE TO:

(Please provide a person's name, NOT a generic email address)

Non-Government Agency

As the financial delegate I am authorised to approve the nominated monetary amount

Organisation Name			
Unit/Section/Branch		ABN	
Financial Delegate Name		Position	
Financial Delegate's Signature		Date	/ /
Phone Number		Email	

Contact Details for Invoicing

Billing Address	
Email Invoice To	

Email your completed form to swpd.ocpe@nt.gov.au and ensure you copy in (cc) your Human Resource Department and/or Learning & Development Unit for their records.