Merit Selection and Special Measures Information Training

|  |
| --- |
| The course provides an overview of NTPS Simplified Recruitment Selection Policy and Procedures, and provides instruction on best practice selection techniques and use of various NTPS selection templates.  Topics covered include the merit principle, conflicts of interest, natural justice, the roles and responsibilities of panel members, job descriptions, shortlisting, obtaining referee reports, selection report writing and a general overview of special measures.  **Note:** All NTPS selection panel members must have completed Merit Selection Training through this course. |

|  |  |  |
| --- | --- | --- |
| **Applicant’s Information** | | |
| **First Name:** | **Surname:** | |
| **AGS Number:** | **Telephone:** | |
| **Agency & Unit:** | | |
| **Email:** | | |
| I understand that there is no refund if I fail to attend or withdraw after the training has been confirmed, but that if I am unable to attend I may arrange for another person to attend in my place. | | |
| **Signature** | | **Date:**       /       / |
| **Special Needs** | | |
| Please provide details: | | |
| **Training Course Dates** | | |
| Participants will be allocated the first available training session corresponding to their date preferences listed below.  Please list 3 dates in order of preference that you would be available to attend training:  1.  2.  3. | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Line Manager’s Endorsement** | | | | | | | | | | | | | | |
| I understand, and have ensured that the applicant understands, that:   * There is no refund if the applicant fails to attend or withdraws after the training has been confirmed, however we can send another attendee in this applicant’s place if they should be unable to attend. | | | | | | | | | | | | | | |
| **Name:** |  | | | | | | | | | | | | | |
| **Position Title:** |  | | | | | | | | | | | | | |
| **Signature** |  | | | | | | | | | | | **Date:**       /       / | | |
| **Please complete Page 2** | | | | | | | | | | | | | | |
| Authority to Pay (Note the applicant and the approved financial delegate cannot be the same) | | | | | | | | | | | | | | |
| **Program Fee: $150 excluding GST**  In authorising this payment I understand that:   * Agencies are responsible for covering any additional costs (travel, accommodation, TA etc); * An invoice (LTF) will be issued after the training date has been confirmed; and * Training fees are to be paid in full prior to training session. | | | | | | | | | | | | | | |
| **Northern Territory Government Agency** | | | | | | | | | | | | | | |
| Agency Name: | |  | | | | | | | | | | | | |
| ORG Code (usually a two digit code): | | | |  | | | | ABN: | | | | |  | |
| For GST Purposes: | Non GBD (Government Business Division) | | | |  | | | | GBD | | | | |  |
| Financial Delegate’s Name: | | |  | | | | Position: | | | |  | | | |
| Financial Delegate’s Signature: | | |  | | | | Date: | | | | /       / | | | |
| **Name of person to whom invoice should be forwarded to:** | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Non Government Agency** | | | | | | | | | | | | | | |
| Organisation Name: | | |  | | | | | | | | | | | |
| Unit/Section/Branch: | | |  | | | | | | | | | | | |
| Postal Address: | | |  | | | | | | | | | | | |
| ABN: | | |  | | | | | | | | | | | |
| Financial Delegate Name: | | |  | | | Position: | | | |  | | | | |
| Phone Number: | | |  | | | Email: | | | |  | | | | |
| Delegated Officer’s Signature: | | |  | | | Date: | | | | /       / | | | | |

|  |
| --- |
| **Upon completion of training** |
| Once a participant has completed the Simplified Recruitment and Special Measures Training Session, they are eligible to be a selection panel member.  At the completion of this course the participant will receive a certificated of attendance. |

|  |
| --- |
| **Contact Information** |
| Office of the Commissioner for Public Employment, Public Sector Appeals & Grievances Reviews  **Email:** [psab.SRTraining@nt.gov.au](mailto:psab.SRTraining@nt.gov.au)  **Phone:** 8999 4129  **Postal:** GPO Box 4371, Darwin NT 0801  **Street:** Level 10 Charles Darwin Centre, 19 The Mall Darwin |

Please return this completed form to [psab.SRTraining@nt.gov.au](mailto:psab.SRTraining@nt.gov.au)