|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Before you fill in the form The forum is a two-day event and is only open to Aboriginal employees in the NTPS. | | | | | | | |
| Fields marked with asterisk (\*) are mandatory. Incomplete forms will not be accepted. | | | | | | | |
| Forum | | Date | Time | | Applications close | | Registration fee  (excl. GST) |
| Katherine - Godinymayin Yijard Rivers Arts & Culture Centre | | 23-24 July 2025 | See Agenda | | 4 July 2025 | | $300 |
| Merit Selection Training | |  |  | |  | |  |
| Katherine - Godinymayin Yijard Rivers Arts & Culture Centre | | 22 July  2025 | 12.30pm to 4.30pm | | 4 July 2025 | | Nil |
| **I will also attend the Merit Selection Training session** | | | | | Yes  No | | |
| Applicant details | | | | | | | |
| Given Name\* |  | | | Gender\* | |  | |
| Surname\* |  | | | Classification\* (e.g AO3, T1, P2) | |  | |
| AGS number\* |  | | | CF level | |  | |
| Position title\* |  | | | Work Unit / Division\* | |  | |
| Agency\* |  | | |
| Phone\* |  | | | Location\* | |  | |
| Email\* |  | | | | | | |
| Remote Sponsorship  *Only employees based in a remote location (e.g. Borroloola, Wadeye, Tiwi, and other remote areas) can apply for the sponsorship. The remote sponsorship covers the registration fee only ($300). All other costs are covered by your department.* | | | | | | Are you applying for remote sponsorship?  Yes  N/A | |
| **Equal Employment Opportunities (EEO) details in the myHR system** | | | | | | | |
| To ensure accurate reporting of Aboriginal employment data in the NTPS, employees must identify as Aboriginal and/or Torres Strait Islander in the myHR system. This is a requirement to attend the forums. | | | | | | | |
| Do you identify as Aboriginal and/or Torres Strait Islander?\* | | | | Yes, Aboriginal  Yes, Aboriginal and Torres Strait Islander  Yes, Torres Strait Islander | | | |
| Are your EEO details in myHR correct? | | | | | | Yes  No | |
| Further information | | | | | | | |
| **Do you have any dietary requirements or allergies?**\* | | | | | Yes, please explain:  N/A | | |
| **Do you have any special needs or impairments (physical or other)?**\* | | | | | Yes, please explain:  N/A | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Applicant Commitment** | | | | | | |
| The applicant must commit to participate in the merit selection training and/or forum activities, workshops and to provide feedback. I understand it is my responsibility to attend all days and make a commitment to participate and/or actively listen to other forum participants and speakers. | | | | | | |
| **Signature**\* |  | | | | **Date**\* |  |
| **Line Manager Endorsement** | | | | | | |
| I endorse this application and agree to support participation in the merit selection training and/or forum by releasing the employee from the workplace during normal work hours. I understand if the employee withdraws prior to the forum dates, a replacement can be nominated to attend if eligible. I understand if the employee fails to notify or attend that the agency will still be charged the registration fee ($300). | | | | | | |
| **Name**\* | |  | | | **Position title**\* |  |
| **Signature**\* | |  | | | **Date**\* |  |
| **Financial Section**  Please ensure the required fields in the financial section is complete before submitting the form. | | | | | | |
| **Journal Ledger Transfer (JLT)**  Agencies will be charged the registration fee ($300) directly to the nominated cost centre and standard classification code below. Cost recovery will occur after the forum. | | | | | | |
| **Delegate name\*** | |  | | **Delegate Signature\*** | |  |
| **Cost Centre\*** | |  | | **Standard Classification Code\*** (Refer to agency charter of accounts) | | 3 7 1 \_ \_ \_ |
| Please note, if you complete the JLT section you **do not** need to complete the following invoicing section.  **Invoicing -** This section only applies to Government Owned Corporations (Power and Water Corporation, Jacana Energy, and Territory Generation) or agencies not on the JLT system. | | | | | | |
| As the financial delegate, I am authorised to approve the nominated amount | | | | | | |
| **Organisation name\*** | |  | | | | |
| **Delegate name\*** | |  | | | **ABN** |  |
| **Position title\*** | |  | | | **Unit/Section\*** |  |
| **Email\*** | |  | | | **Contact\*** |  |
| **Signature\*** | |  | | | **Date** |  |
| **Billing address** | | |  | | | |
| **Email invoice to\*** | | |  | | | |
| Please email your completed form to [AECDS.NTG@nt.gov.au](mailto:AECDS.NTG@nt.gov.au)  **Note:** by attending this forum you will be added to the NTPS Aboriginal Employee Network. | | | | | | |
| Further information Contact the Aboriginal Employment and Career Development division on 08 8999 4118 or [AECDS.NTG@nt.gov.au](mailto:AECDS.NTG@nt.gov.au) | | | | | | |