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| **Enrolment Forms will not be processed unless ALL \*mandatory fields are entered.** | | | | | | | | |
| *The course provides an overview of NTPS 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 this Merit Selection Training through this course within the last 3 years.* | | | | | | | | |
|  | | | | | | | | |
| APPLICANT INFORMATION | | | | | | | | |
| AGS Number\* |  | | | **Classification** | | |  | |
| First Name**\*** |  | | | | | | | |
| Surname**\*** |  | | | | | | | |
| Position Title**\*** |  | | | | | | | |
| Department**\*** | Choose an item. | | | | | | | |
| Location**\*** | NHULUNBUY ☐ Other please specify : | | | | | | | |
| Email**\*** |  | | | | | | | |
| Telephone |  | | | **Mobile** | | |  | |
| Cost Centre\* |  | | | **Standard Classification Code\*** | | | |  |
| 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 | |  | | | | | | |
| **TRAINING COURSE DATES** | | | | | | | | |
| Thursday, 20 May 2021  10:00am – 1:00pm | | | | | | | | |
| **APPLICANTS COMMITMENT** | | | | | | | | |
| **By signing this form, I confirm that I understand and agree to the following:**   * I am required to attend all scheduled days of the course. * OCPE will notify me if the course is rescheduled 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, but that if I am unable to attend, I may arrange for another person to attend in my place. * I confirm that appropriate financial approval has been obtained from an authorised delegate within my organisation. | | | | | | | | |
| **Signature\*** |  | | | | | **Date**       /       / | | |
| **\*PLEASE FORWARD INVOICE TO:**       **(Please provide a person’s name, NOT a generic email address)** | | | | | | | | |
| **\*If you are a DoE employee from an NT School please provide the school name and ABN.**  **School Name:**       **ABN:** | | | | | | | | |
|  | | | | | | | | |
| **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 Signature\*** |  | | **Date** | | /       / | | | |
| **Phone Number** |  | | **Email** | |  | | | |
| **CONTACT DETAILS FOR INVOICING** | | | | | | | | |
| Billing Address\* |  | | | | | | | |
| Email Invoice To\* |  | | | | | | | |

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

Agencies will have the expense directly charged to their nominated cost centre and standard classification code. Agencies/Authorities not on the NTG LTF system will be issued an invoice.

**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.